



Planning and Community Development Department

2880 International Circle, Colorado Springs, CO 80910

Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Type D Application Form (1-2C)

Please check the applicable application type (Note: each request requires completion of a separate application form):

- Appeal
- Approval of Location
- Board of Adjustment
- Certification of Designation
- Const. Drawings, Minor or Major
- Development Agreement
- Final Plat, Minor or Major
- Final Plat, Amendment
- Minor Subdivision
- Planned Unit Dev. Amendment, Major
- Preliminary Plan, Major or Minor
- Rezoning
- Road Disclaimer
- SIA, Modification
- Sketch Plan, Major or Minor
- Sketch Plan, Revision
- Solid Waste Disposal Site/Facility
- Special District
- Special Use
 - Major
 - Minor, Admin or Renewal
- Subdivision Exception
- Vacation
 - Plat Vacation with ROW
 - Vacation of ROW
- Variations
 - Major
 - Minor (2nd Dwelling or Renewal)
 - Tower, Renewal
- Vested Rights
- Waiver or Deviation
- Waiver of Subdivision Regulations
- WSEO
- Other: _____

This application form shall be accompanied by all required support materials.

PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attached additional sheets if necessary.

Property Address(es):	
Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:
Existing Land Use/Development:	Zoning District: Select zoning district

SEE ATTACHED

- Check this box if **Administrative Relief** is being requested in association with this application and attach a completed Administrative Relief request form.
- Check this box if any **Waivers** are being requested in association with this application for development and attach a completed Waiver request form.

PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional sheets if there are multiple property owners.

Name (Individual or Organization): 1) MONICA PHELAN 2) MARK PHELAN	
Mailing Address: 1) 10755 HOWELLS RD., COLO SPRS 80910 2) 4955 AUSTIN BLUFFS PKWY, CS 80918	
Daytime Telephone: 1) 719.243.2677 2) 719.243.2678	Fax: N.A.
Email or Alternative Contact Information: 1) monica@phelangardens.com 2) mark@phelangardens.com	

For PCD Office Use:	
Date:	File :
Rec'd By:	Receipt #:
DSD File #:	

Description of the request: (submit additional sheets if necessary):

<p>Seeking a variance of use for 20-acres to create a unique social enterprise called the Shire at Old Ranch.</p> <p><u>See letter of intent</u> for additional information.</p>
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Property Information - Legal Description - The Shire at Old Ranch

A PARCEL OF LAND LOCATED IN THE SW1/4 OF THE SW1/4 OF SEC. 23 T. 12 S., R. 69 W. OF THE 6TH P.M., EL PASO COUNTY, COLORADO

Address	Zoning	Legal Description	Parcel Number	Reception Number	Acres
3820 Old Ranch Rd.	RR-5	W 315 FT OF S2S2SW4 EX RDS SEC 23-12-66	6223000061	216003121	4.34
3890 Old Ranch Rd.	RR-5	E 385 FT OF W 715 FT OF S2S2SW4 EX S 30 FT SEC 23-12-66 19	6223000060	216003167	5.57
10655 Howells Rd.	RR-5	TRACT IN SW4SW4 SEC 23-12-66 AS FOLS, BEG ON W LN OF SD SW4 AT PT 660 FT N FROM SW COR THEREOF, TH N ON W LN 322.5 FT, E AT R/A 715 FT, S AT R/A 322.5 FT, TH W 715 FT TO POB EX W 30 FT	6223000059	216003151	5.07
10755 Howells Rd.	RR-5	TRACT IN SW4SW4 SEC 23-12-66 AS FOLS, BEG ON W LN OF SD SW4 AT PT 982.5 FT N FROM SW COR THEREOF, TH N ON W LN 322.5 FT, E AT R/A 715 FT, S AT R/A 322.5 FT, TH W 715 FT TO POB EX W 30 FT	6223000058	213027769	5.07
Total:					20.05



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APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary)

Name (Individual or Organization): THE SHIRE AT OLD RANCH MARK PHELAN MONICA PHELAN
Mailing Address: 10755 HOWELLS RD.
Daytime Telephone: 719.574.8058 Fax: N.A.
Email or Alternative Contact Information: MARK PHELAN 719.243.2678 mark@phelangardens.com
MONICA PHELAN 719.243.2677 monica@phelangardens.com

AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants (attach additional sheets if necessary).

Name (Individual or Organization):
Mailing Address:
Daytime Telephone:
Fax:
Email or Alternative Contact Information:
SEE ATTACHED

AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): An owner signature is not required to process a Type A or B Development Application. An owner's signature may only be executed by the owner or an authorized representative where the application is accompanied by a completed Authority to Represent/Owner's Affidavit naming the person as the owner's agent

OWNER/APPLICANT AUTHORIZATION: To the best of my knowledge, the information on this application and all additional or supplemental documentation is true, factual and complete. I am fully aware that any misrepresentation of any information on this application may be grounds for denial or revocation. I have familiarized myself with the rules, regulations and procedures with respect to preparing and filing this application. I also understand that an incorrect submittal may delay review, and that any approval of this application is based on the representations made in the application and may be revoked on any breach of representation or condition(s) of approval. I verify that I am submitting all of the required materials as part of this application and as appropriate to this project, and I acknowledge that failure to submit all of the necessary materials to allow a complete review and reasonable determination of conformance with the County's rules, regulations and ordinances may result in my application not being accepted or may extend the length of time needed to review the project. I hereby agree to abide by all conditions of any approvals granted by El Paso County. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale. I acknowledge that I understand the implications of use or development restrictions that are a result of subdivision plat notes, deed restrictions, or restrictive covenants. I agree that if a conflict should result from the request I am submitting to El Paso County due to subdivision plat notes, deed restrictions, or restrictive covenants, it will be my responsibility to resolve any conflict. I hereby give permission to El Paso County, and applicable review agencies, to enter on the above described property with or without notice for the purposes of reviewing this development application and enforcing the provisions of the LDC. I agree to at all times maintain proper facilities and safe access for inspection of the property by El Paso County while this application is pending.

Owner (s) Signature: M. Phelan Monica Phelan Date: 3/20/20
Owner (s) Signature: MARK PHELAN Date: 3/20/20
Applicant (s) Signature: Kyle Katsos Date: 3/20/20

Authorized Representatives

Name	Mailing Address	Telephone	email address
Kyle Katsos	4955 Austin Bluffs Parkway	719.359.2495	kyle@phelangardens.com
	Colorado Springs, CO 80918		
Mark Phelan	4955 Austin Bluffs Parkway	719.243.2678	mark@phelangardens.com
	Colorado Springs, CO 80918		
Monica Phelan	10755 Howells Road	719.243.2677	monica@phelangardens.com
	Colorado Springs, CO 80908		
Scott Harvey	10 Boulder Crescent St., #302-B	719.930.5146	sharvey@artofengineering.com
	Colorado Springs, CO 80903		
Bill Fisher	P.O. Box 1395	719.660.4356	bill@fisharch.com
	Palmer Lake, CO 80133		
Curtis Rowe	2 North Nevada Ave., Suite 300	720.480.9036	Curtis.Rowe@kimley-horn.com
	Colorado Springs, CO 80903		