

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)

	applicable application type	PROPERTY INFORMATION: Provide		n to identify properties and		
(Note: each request requires completion of a separate application form):		<u>PROPERTY INFORMATION:</u> Provide information to identify properties and the proposed development. Attached additional sheets if necessary.				
☐ Appeal		Property Address(es):	Property Address(es):			
☐ Approval of Location		9240 Birto Dd. Coloredo Cario C.				
☐ Board of Adjustment		8240 Piute Rd, Colorado Springs, CO 80926				
☐ Certification of Designation		Tax ID/Parcel Numbers(s)	Daniel	-:(-) : 0		
☐ Const. Drawings, Minor or Major		Tax ib/Parcer Numbers(s)	Tax ID/Parcel Numbers(s) Parcel size(s) in Acres:			
☐ Development Agreement		65303-00-018	65303-00-018			
☐ Final Plat, Minor or Major						
☐ Final Plat, Amendment ☐ Minor Subdivision		Existing Land Use/Development:	Zoning	District:		
☐ Planned Unit Dev.						
Major		Residential	F-5	This should say 0.35		
☐ Preliminary Plan, Major or Minor				Acres		
☐ Rezoning	No. of the Control of			+		
□ Road Disclaimer	Major variance of us	e ☐ Check this box if Administra				
☐ SIA, Modification		association with this applicat	association with this application and attach a completed			
□ Sketch Plan, Major or Minor □ Sketch Plan, Revision		Administrative Relief reques	Administrative Relief request form.			
☐ Solid Waste Dispo		☐ Check this box if any Waive	 Check this box if any Waivers are being requested in association with this application for development and attach a completed 			
☐ Special District		with this application for deve				
Special Use		Waiver request form.				
☐ Major						
☐ Minor, Admin or Renewal		PROPERTY OWNER INCORMATIONS	PROPERTY OWNER INFORMATION: Indicate the person(s) or			
☐ Subdivision Exception		organization(s) who own the property proposed for development.				
Vacation ☐ Plat Vacation with ROW		Attach additional sheets if there are multiple property owners.				
□ Vacation of ROW		Attach additional sheets if there a	re multiple	e property owners.		
Variances		Name (Individual or Organization):				
☐ Major						
Minor (2 nd Dwelling or Renewal)		Elizabeth M. Gibson, Daniel R. Rau, Jennifer M. Shoemaker				
☐ Tower, Renewal		Mailing Address:	Mailing Address:			
□ Vested Rights		8240 Piute Rd. Colorado Sr	8240 Piute Rd., Colorado Springs, CO 80926			
☐ Waiver or Deviation ☐ Waiver of Subdivision Regulations						
□ WSEO	Sion Regulations	Daytime Telephone:	Fax:			
		719.314.9083				
□ Other:			Email or Alternative Contact Information:			
This application form shall be accompanied by all required support materials.						
		egibson1982@yahoo.com	egibson1982@yahoo.com			
For P	CD Office Use:	Description of the request: (s	ubmit addi	tional sheets if necessary):		
Date:	File:	(0.				
Date.	File .					
Rec'd By:	Receipt #:	Renewal of Variance, Re: File No. C18-7				
	P P P P P P P P P P P P P P P P P P P			•		
DSD File #:						
				The state of the s		
		This is a wearn line tier.				
		This is a reapplication				

of an expired

renewal.

variance, not a

TYPE D APPLICATION FORM 1-2C

Page 1 or 2



Planning and Community Development Department

2880 International Circle, Colorado Springs, CO 80910 Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

<u>APPLICANT(s):</u> Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary)

necessary)	property of the color additional officetor			
Name (Individual or Organization): Elizabeth M. Gibson, [Daniel R. Rau, Jennifer M. Shoemaker			
Mailing Address:				
8240 Piute Rd., Colorado Springs, CO 80926				
Daytime Telephone: 719.314.9082	Fax:			
Email or Alternative Contact Information: egibson1982@yahoo.com				
(attach additional sheets if necessary).	authorized to represent the property owner and/or applicants			
Name (Individual or Organization):				
Mailing Address:				
Daytime Telephone:	Fax:			
Email or Alternative Contact Information:				
AUTHORIZATION FOR OWNER'S APPLICANT(s)/REPRESENTATIVE(s): An owner signature is not required to process a Type A or B Devowner or an authorized representative where the application is a naming the person as the owner's agent	velopment Application. An owner's signature may only be executed by the accompanied by a completed Authority to Represent/Owner's Affidavit			
Owner/Applicant Authorization: To the best of my knowledge, the information on this application complete. I am fully aware that any misrepresentation of any inf have familiarized myself with the rules, regulations and procedu that an incorrect submittal may delay review, and that any approapplication and may be revoked on any breach of representation required materials as part of this application and as appropriate to materials to allow a complete review and reasonable determination may result in my application not being accepted or may extend the all conditions of any approvals granted by El Paso County. I under a right or obligation transferable by sale. I acknowledge that a result of subdivision plat notes, deed restrictions, or restrictive submitting to El Paso County due to subdivision plat notes, deed any conflict. I hereby give permission to El Paso County, and a	and all additional or supplemental documentation is true, factual and formation on this application may be grounds for denial or revocation. I also understand oval of this application is based on the representations made in the nor condition(s) of approval. I verify that I am submitting all of the othis project, and I acknowledge that failure to submit all of the necessary tion of conformance with the County's rules, regulations and ordinances he length of time needed to review the project. I hereby agree to abide by derstand that such conditions shall apply to the subject property only and at I understand the implications of use or development restrictions that are a covenants. I agree that if a conflict should result from the request I am I restrictions, or restrictive covenants, it will be my responsibility to resolve applicable review agencies, to enter on the above described property with application and enforcing the provisions of the LDC. I agree to at all times property by El Paso County while this application is pending.			
Owner (s) Signature: Jennier M. Shoenal	Date: 12/31/18			
Applicant (s) Signature:	Date: 12/3/18			

Markup Summary

dsdkendall (3)

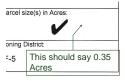


Subject: Callout Page Label: 1 Lock: Locked Author: dsdkendall

Date: 3/1/2019 2:39:42 PM

Color:

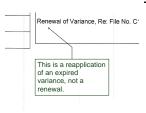
Major variance of use



Relief is being requested in nd attach a completed Subject: Callout Page Label: 1 Lock: Locked Author: dsdkendall

Date: 3/1/2019 2:39:43 PM

Color:



Subject: Callout Page Label: 1 Lock: Locked Author: dsdkendall

Date: 3/1/2019 2:39:43 PM

Color:

This should say 0.35 Acres

This is a reapplication of an expired

variance, not a renewal.