

Planning and Community Development Department

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

Type D Application Form (1-2C)

and acreage for this

Please shock the applicable an	plication type	request
Please check the applicable application type (Note: each request requires completion of a		PROPERTY INFORMATION: Provide information to identify properties and
separate application form):	impletion of a	the proposed development. Attached additional sheets if necessary.
Separate application form).		
□ Appeal		Property Address(es):
☐ Approval of Location		
☐ Board of Adjustment		
☐ Certification of Designation		TaxyD/Ranget Numbers(s) Parcel Size(s) in Acres:
☐ Const. Drawings, Minor or Major		(
□ Development Agreement		1/1
☐ Final Plat, Minor or Major		\\
☐ Final Plat, Amendment		Evicting Lond Line (Payrelengent) Toping Districts
☐ Minor Subdivision		Existing Land Use/Development: Zoning District:
☐ Planned Unit Dev. Amendment,		
Major		
□ Preliminary Plan, Major or Minor		
☐ Rezoning		
☐ Road Disclaimer		☐ Check this box if Administrative Relief is being requested in
□ SIA, Modification		
·		association with this application and attach a completed
☐ Sketch Plan, Major or Minor		Administrative Relief request form.
☐ Sketch Plan, Revision		☐ Check this box if any Waivers are being requested in association
☐ Solid Waste Disposal Site/Facilit	у	with this application for development and attach a completed
☐ Special District		Waiver request form.
Special Use		vvaivei request ioini.
☐ Major		
☐ Minor, Admin or Renewal		PROPERTY OWNER INFORMATION: Indicate the person(s) or
☐ Subdivision Exception		
Vacation		organization(s) who own the property proposed for development.
☐ Plat Vacation with ROW		Attach additional sheets if there are multiple property owners.
☐ Vacation of ROW		
Variances		Name (Individual or Organization):
☐ Major		
☐ Minor (2 nd Dwelling or		
Renewal)		Marting Address
☐ Tower, Renewal		Mailing Address:
☐ Vested Rights		
□ Waiver or Deviation		
□ Waiver of Subdivision Regulation	าร	Daytime Telephone: Fax:
□ WSEO		,
☐ Other:	_	
		Email or Alternative Contact Information:
This application form shall be a	ccompanied by	
all required support materials.		
For PCD Office	Hoo	Description of the request: (submit additional sheets if necessary):
FOI PCD Office	use.	<u>Description of the request.</u> (submit additional sheets if necessary).
Date: File:		(), , y
		⊣ [
Rec'd By: Recei	ot #:	Include prior zoning.
		· · · · · · · · · · · · · · · · · · ·
DSD File #:		(From-to)
DOD I 116 #.		

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): PHI Real Estate Services, LLC	;		
Mailing Address:			
•			
200 W. City Center Dr. Suite 200, Pueblo, CO 81003			
Daytime Telephone:	Fax:		
719-584-2800	719-584-2111		
Email or Alternative Contact Information:			
npannunzioe premierhomesino com			



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

necessary)	
Name (Individual or Organization): CPR Entitlements, LLC	
Mailing Address: 31 N. Tejon #500 Colorado Springs, C	Colorado 80903
Daytime Telephone: 719-377-0244	Fax:
Email or Alternative Contact Information:	
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) au (attach additional sheets if necessary).	uthorized to represent the property owner and/or applicants
Name (Individual or Organization): Dakota Springs Engineer	ring, LLC
Mailing Address: 31 N. Tejon St. #518 Colorado Springs	s, Colorado 80903
Daytime Telephone: 719-432-6889	Fax:
Email or Alternative Contact Information: dse.pak7@gmail.co	m
AUTHORIZATION FOR OWNER'S APPLICANT(s)/REPRESENTATIVE(s): An owner signature is not required to process a Type A or B Development or an authorized representative where the application is accommodified the person as the owner's agent	opment Application. An owner's signature may only be executed by the companied by a completed Authority to Represent/Owner's Affidavit
complete. I am fully aware that any misrepresentation of any inform have familiarized myself with the rules, regulations and procedures that an incorrect submittal may delay review, and that any approva application and may be revoked on any breach of representation or required materials as part of this application and as appropriate to the materials to allow a complete review and reasonable determination may result in my application not being accepted or may extend the leall conditions of any approvals granted by El Paso County. I unders are a right or obligation transferable by sale. I acknowledge that I use result of subdivision plat notes, deed restrictions, or restrictive cossubmitting to El Paso County due to subdivision plat notes, deed resany conflict. I hereby give permission to El Paso County, and applications.	r condition(s) of approval. I verify that I am submitting all of the is project, and I acknowledge that failure to submit all of the necessary of conformance with the County's rules, regulations and ordinances eight of time needed to review the project. I hereby agree to abide by stand that such conditions shall apply to the subject property only and understand the implications of use or development restrictions that are vepants. I agree that if a conflict should result from the request I am strictions, or restrictive covenants, it will be my responsibility to resolve cable review agencies, to enter on the above described property with offication and enforcing the provisions of the LDC. Lagree to at all times

CPR BUTITLEMENTS SIGNATURE PSCE



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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): CPR Entitlements, LLC Mailing Address: 31 N. Tejon St. Suite 500, Colorado Springs, CO 80903 Daytime Telephone: Fax: 719-377-0244 Email or Alternative Contact Information: 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): Dakota Springs Engineering, LLC Mailing Address: 31 N. Tejon St. Suite 518, Colorado Springs, CO 80903 Daytime Telephone: Fax: 719-432-6889 **Email or Alternative Contact Information:** dse.pak7@gmail.com 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: Date: Owner (s) Signature: Date: Applicant (s) Signature: