

Subdivision Summary Form

Date:

Type of Submittal:

SUBDIVISION NAME:

Request for Exemption _____
 Preliminary Plan _____
 Final Plat _____

County: **EL PASO COUNTY**

SUB. LOCATION: Township: 11S Range: 67W Section: 33

OWNER(S) NAME: ANDREW C ALM

ADDRESS: 3275 CENTER ICE VIEW

SUBDIVIDER(S) NAME ANDREW C ALM

	Type of Subdivision	Number of Dwelling Units	Area (Acres)	% of Total Area*
	Single Family Detached Res.	2	12.72	100%
	Open Space/ Landscape			
	Public Street Rights-of-Way			
	Power Line Easement			
	TOTAL			

* (By map measure)

Estimated Water Requirements 1,786 (gallons/day).

Proposed Water Source(s) PRIVATE WELLS

Estimated Sewage Disposal Requirement 324 (gallons/day).

Proposed Means of Sewage Disposal ONSITE SEPTIC SYSTEM

ACTION:

Planning Commission Recommendation

Approval _____ Date _____

Disapproval _____

Remarks: _____

Board of County Commissioners

Approval _____ Date _____

Disapproval _____
Exemption under C.R.S. 30-28-101 (10) (d) _____

Remarks (if exemption, state reason): _____

Note: This form is required by C.R.S. 30-28-136 (4), but is not a part of the regulations of El Paso County, Colorado.