

Tru
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133
Colorado Springs, CO 80908-3240

13 properties are considered adjacent and require notification. Please refer to the diagram example which shows what is considered adjacent property, which can be found within this application packet for a replat: <https://assets-planningdevelopment.elpasoco.com/wp-content/uploads/Forms/LandUseForms/Amended-Plat.pdf>

7075 Campus Drive, Suite 200
Colorado Springs, CO 80920

October 29, 2020

Jim and Nancy Higham
13245 Bridle Bit Road
Colorado Springs, CO 80908-3241

Jeff and Laurel Kalin
3810 Wapiti Way,
Colorado Springs CO 80908-3236

Dr. Jeff and Sherrill Oram-Smith
3815 Wapiti Way
Colorado Springs, CO 80908-3236

Re: Request to adjust lot lines on Lot 10, Bridle Bit Ranch subdivision and two existing unplatted parcels

Notification of Adjoining Owners

Greetings!

This letter is being sent to you because Doug Barber is proposing a land use project in El Paso County adjacent to your property on Bridle Bit Road (see reverse side of this page for map). This information is being provided to you prior to submittal with the County. Please direct any questions on the proposal to Doug Barber (719) 338-3053, via email at Rawhide@Realtor.com or by mail to the address above.

Prior to any public hearing on the proposal a notification of the time and place of the hearing will be sent to adjacent property owners by the El Paso County Planning Department. At that time you will be given the El Paso County contact information, the File Number and the opportunity to respond for, against or expressing no opinion in writing or in person at the public hearing for the proposal.

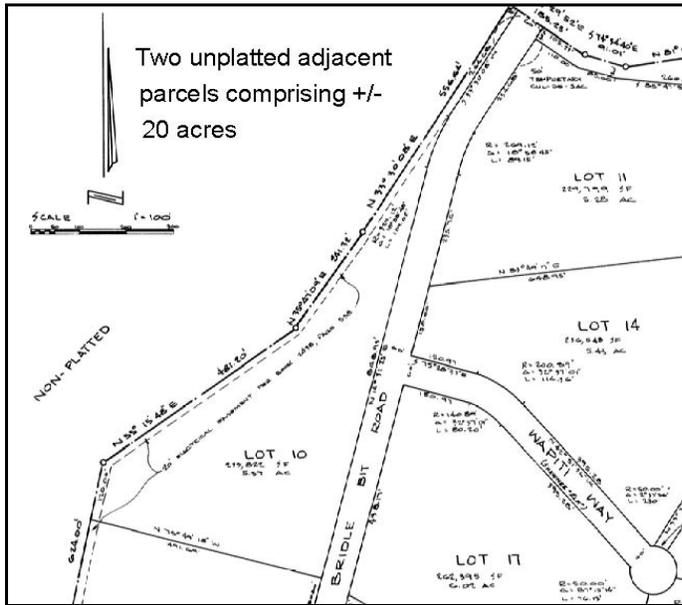
No new lots will be created by this proposal, nor will there be any impact to your properties, nor will there be any change to any facilities structures or roads, and no waivers of County requirements are being requested. Frankly, there is no impact to any of you from this. It is simply going through the County-required motions to formally change the the lot lines.

Sincerely,

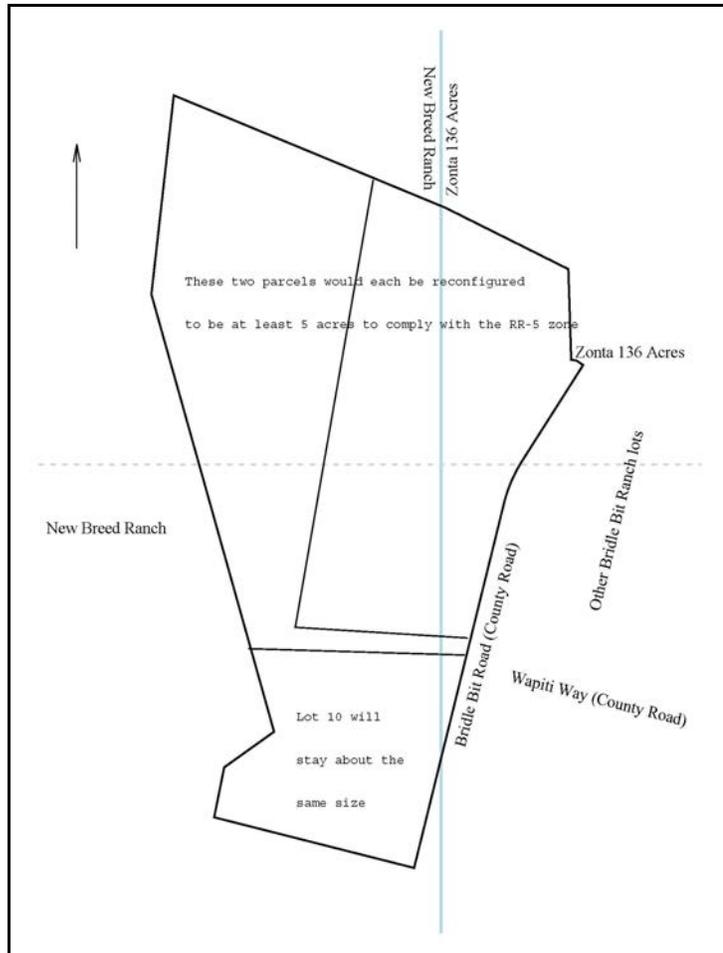


Douglas H. Barber

Following is not an exact drawing of the proposal, but is sufficient to give you the idea.



Existing Lot 10, Bridle Bit Ranch



Approximate proposed lot line adjustment

7019 2970 0000 7116 4268

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
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Postage	\$
Total Postage and Fees	\$

Sent To *Christopher + Amanda Souder*
 Street and Apt. No., or PO Box No. *13365 Bridle Bit Rd.*
 City, State, ZIP+4® *Co Spgs, CO 80908*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
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Total Postage and Fees	\$

Sent To *Dr. Jeff + Sherri Drom-Smith*
 Street and Apt. No., or PO Box No. *3815 Wapiti Way*
 City, State, ZIP+4® *Co Spgs, CO 80908*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 2970 0000 7116 4251

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
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Postage	\$
Total Postage and Fees	\$

Sent To *Jeff + Laurel Kalin*
 Street and Apt. No., or PO Box No. *3810 Wapiti Way*
 City, State, ZIP+4® *Co Spgs, CO 80908*

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
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Postage	\$
Total Postage and Fees	\$

Sent To *Jim + Nancy Higham*
 Street and Apt. No., or PO Box No. *13245 Bridle Bit Rd.*
 City, State, ZIP+4® *Co Spgs, CO 80908*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 2970 0000 7116 4275

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To *New Breed Ranch Inc*
 Street and Apt. No., or PO Box No. *12750 Oak Cliff Way*
 City, State, ZIP+4® *Co Spgs, CO 80908*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 2970 0000 7116 4305

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Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage	\$
Total Postage and Fees	\$

Sent To *Trung Phan + Thao Chung*
 Street and Apt. No., or PO Box No. *13010 Bridle Bit Rd.*
 City, State, ZIP+4® *Co Spgs, CO 80908*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*New Broad Ranch Inc
 12750 Oak Cliff Way
 Co Spring, CO 80908*



9590 9402 5968 0062 7327 32

2. Article Number (Transfer from service label)
 7019 2970 0000 7116 4275

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Jessie Sosa Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 11/2/20

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: NO

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*Trang Phan + Thao Chung
 13010 Bridle Bit Rd.
 Co Spring, CO 80908*



9590 9402 5968 0062 7327 56

2. Article Number (Transfer from service label)
 7019 2970 0000 7116 4305

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Trang Phan Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 11/2/20

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: NO

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*Jeff + Laurel Katin
 3810 Wapiti Way
 Co Spring, CO 80908*



9590 9402 5968 0062 7327 18

2. Article Number (Transfer from service label)
 7019 2970 0000 7116 4251

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Jeff Katin Agent Addressee

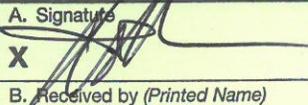
B. Received by (Printed Name) _____ C. Date of Delivery
 11/2/20

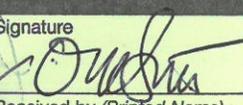
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: NO

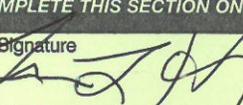
3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
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<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: Christopher + Amanda Souder 13365 Bridle Bit Rd. Cozoo, CO 80908	B. Received by (Printed Name)	C. Date of Delivery 11/2/20
 9590 9402 5968 0062 7327 25	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 7019 2970 0000 7116 4268	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> 	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: Dr. Jeff + Sherr: Oran-South 3815 Wapiti Way Cozoo, CO 80908	B. Received by (Printed Name)	C. Date of Delivery 11/2/20
 9590 9402 5968 0062 7327 01	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 7019 2970 0000 7116 4282	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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1. Article Addressed to: Jim + Nancy Higham 13245 Bridle Bit Rd. Cozoo, CO 80908	B. Received by (Printed Name)	C. Date of Delivery 11/2/20
 9590 9402 5968 0062 7327 49	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 7019 2970 0000 7116 4299	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

Adjacent Property Owner Notices_V1.pdf Markup Summary

Sophie Kiepe (1)



Subject: Callout
Page Label: 1
Author: Sophie Kiepe
Date: 5/14/2021 4:14:50 PM
Status:
Color: ■
Layer:
Space:

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<https://assets-planningdevelopment.elpasoco.com/wp-content/uploads/Forms/LandUseForms/Amended-Plat.pdf>