

Planning and Community Development Department 2880 International Circle, Colorado Springs, CO 80910

Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Type C Application Form (1-2B)

Please check the applicable application type (Note: each request requires completion of a separate application form):		PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attached additional sheets if necessary.	
Administrative Relief Certificate of Designation, Minor Site Development Plan, Major Site Development Plan, Minor CMRS Co-Location Agreement Condominium Plat Crystal Park Plat Early Grading Request associated with a Preliminary Plan Maintenance Agreement Minor PUD Amendment Resubmittal of Application(s) (>3 times) Road or Facility Acceptance, Preliminary Road or Facility Acceptance, Final Townhome Plat Administrative Special Use (mark one) Extended Family Dwelling Temporary Mining or Batch Plant Oil and/or Gas Operations Rural Home Occupation Tower Renewal Other Construction Drawing Review and Permits (mark one) Approved Construction Drawing Amendment Review of Construction Drawings Construction Permit Major Final Plat Minor Subdivision with Improvements Site Development Plan, Major Site Development Plan, Minor Early Grading or Grading ESOCP Minor Vacations (mark one) Vacation of Interior Lot Line(s) Utility, Drainage, or Sidewalk Easements Sight Visibility View Carridor Other: This application form shall be accompanied by all required support materials. For PCD Office Use: ate: File:		Property Address(es): 7080 Sincup Tax ID/Parcel Numbers(s) 5208000062	Rd Colo Spap Lo 8090
		Existing Land Use/Development: RR-5 Check this box if Administrative association with this application Administrative Relief request for Check this box if any Waivers a with this application for development Waiver request form. PROPERTY OWNER INFORMATION: Incorganization(s) who own the proper Attached additional sheets if there at Name (Individual or Organization): John P. Mulining Address: 7080 Shoup Ro Daytime Telephone:	and attach a completed m. re being requested in association ment and attach a completed dicate the person(s) or ty proposed for development. are multiple property owners. CL COLOSOGO CO 80708 Fax: CODE Inches Ch additional sheets if necessary):
Date:	File:		
Rec'd By:	Receipt #:		
OSD File #:			Type C Assessment France C CC

TYPE C APPLICATION FORM 1-2B Page 1 or 2



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	cation if different than the property owner(s) (attach additional she
necessary).	
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	
AUTHORIZED REPRESENTATIVE(S): Indicate the perso (attach additional sheets if necessary).	n(s) authorized to represent the property owner and/or applicants
Name (Individual or Organization):	/
Mailing Address:	
Daytime Telephone:	Faxc
Email or Alternative Contact Information:	
AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESE An owner signature is not required to process a Type A or B owner or an authorized representative where the applicatio naming the person as the owner's agent	NTATIVE(s): Development Application. An owner's signature may only be executed by a completed Authority to Represent/Owner's Affida
Owner/AppLicant Authorization: To the best of my knowledge, the information on this applic complete. I am fully aware that any misrepresentation of an have familiarized myself with the rules, regulations and protothat an incorrect submittal may delay review, and that any a application and may be revoked on any breach of represen required materials as part of this application and as appropri materials to allow a complete review and reasonable determinance result in my application not being accepted or may external conditions of any approvals granted by El Paso County, are a night or obligation transferable by sale. I acknowledge a result of subdivision plat notes, deed restrictions, or restrictions to El Paso County due to subdivision plat notes, of any conflict. I hereby give permission to El Paso County, a or without notice for the purposes of reviewing this developminal maintain proper facilities and safe access for inspection of the proper facilities and safe access for inspection of the purposes.	ration and all additional or supplemental documentation is true, factual at by information on this application may be grounds for denial or revocation or codures with respect to preparing and filling this application. I also under approval of this application is based on the representations made in the tation or condition(s) of approval. I verify that I am submitting all of the tation or condition(s) of approval. I verify that I am submitting all of the rate to this project, and I acknowledge that failure to submit all of the necessination of conformance with the County's rules, regulations and ordinare and the length of time needed to review the project. I hereby agree to abit I understand that such conditions shall apply to the subject property only that I understand the implications of use or development restrictions that crive covenants. I agree that if a conflict should result from the request I deed restrictions, or restrictive covenants, it will be my responsibility to related applicable review agencies, to enter on the above described property ment application and enforcing the provisions of the LDC. I agree to at all the property by El Paso County while this application is pending.
Owner (s) Signature:	Date: 12-11-18
Owner (s) Signature:	Date:
Applicant (s) Signature:	Date: