

Rec'd By:

DSD File #:

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

Phone 719.520.6300 | Fax 719.520.6695 | <u>www.elpasoco.com</u>

Type C Application

	Туре	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 		Property Address(es):	
 ☐ CMRS Co-Location Agree ☐ Condominium Plat ☐ Crystal Park Plat ☐ Early Grading Request as 	ement	Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:
Preliminary Plan ☐ Maintenance Agreement ☐ Minor PUD Amendment ☐ Resubmittal of Application		Existing Land Use/Development:	Zoning District:
☐ Road or Facility Acceptar☐ Road or Facility Acceptar☐ Townhome Plat	nce, Preliminary nce, Final	☐ Check this box if Administrative Relief is being requested in association with this application and attach a completed	
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 ESQCP Minor Vacations (mark one) Vacation of Interior Lot Line(s) Utility, Drainage, or Sidewalk Easements		 Administrative Relief request form. Check this box if any Waivers are being requested in association with this application for development and attach a completed Waiver request form. 	
		PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attached additional sheets if there are multiple property owners.	
		Name (Individual or Organization):	
		Mailing Address: Daytime Telephone:	Fax:
		Email or Alternative Contact Information:	
☐ Sight Visibility☐ View Corridor☐ Other:		Description of the request: (atta	ach additional sheets if necessary):
This application form sha required support materia			
For PCD C	Office Use:		
Date:	File:	This specific application is requesting special use approval to allow for the use of a medical office.	
Rec'd By: Receipt #:		Please revise the description of the request.	



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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): William Tibbitt Mailing Address: 30 E. Uintah St. Colorado Springs, CO 80903 Daytime Telephone: 719-492-0084 **Email or Alternative Contact Information:** btibbitt@wdconstruct.com 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): Bucher Design Studio, Inc. Mailing Address: 12325 Oracle Blvd #101, Colorado Springs, CO 80921 Daytime Telephone: Fax: 719-484-0480 Email or Alternative Contact Information: nick@bucherdesign.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: Owner (s) Signature: 4/22/24 Applicant (s) Signature: Date: