

El Paso County Development Services Department
2880 International Circle, Suite 110
Colorado Springs, CO 80910
PHONE 719-520-6300
FAX 719-520-6695

Date	
File #	
Receipt #	
PM	
Type	A B C D
Office Use Only	

Petition/Application Form

Public Hearing Items:

- | | | |
|---|---|--|
| <input type="checkbox"/> Amended Plat | <input type="checkbox"/> Preliminary Plan | <input type="checkbox"/> Vacation of Existing Plat |
| <input type="checkbox"/> Appeals | <input type="checkbox"/> PUD | <input type="checkbox"/> Vacation of Interior Lot Line |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Rezone | <input type="checkbox"/> Vacation of Right-of-Way |
| <input type="checkbox"/> Certificate of Designation | <input type="checkbox"/> Site Specific Development Plan/Development Agreement | <input type="checkbox"/> Variance of Use |
| <input type="checkbox"/> Expansion of Legal Nonconforming Use | <input type="checkbox"/> Sketch Plan | <input type="checkbox"/> Vested Property Rights |
| <input type="checkbox"/> Final Plat | <input type="checkbox"/> Special Use Review | <input type="checkbox"/> Waiver of Regulations |
| <input type="checkbox"/> Location Approval | <input type="checkbox"/> Subdivision Exemption | 1. _____ |
| <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Vacation/Replat | 2. _____ |
| <input type="checkbox"/> Others | | 3. _____ |
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Administrative Items:

- | | |
|---|---|
| <input type="checkbox"/> Billboard Credit | <input type="checkbox"/> Temporary Mobile Home Permit |
| <input type="checkbox"/> Care Facility | <input type="checkbox"/> Temporary Use Permit (check one below)* |
| <input type="checkbox"/> Determination of Nonconforming Use | <input type="checkbox"/> Carnival/Circus |
| <input type="checkbox"/> Home Occupation Permit (check one below) | <input type="checkbox"/> Christmas Tree Sales |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Construction Office/Trailer |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Fireworks Stand |
| <input type="checkbox"/> Merger by Contiguity | <input type="checkbox"/> Mobile Home/Subdivision Sales Office |
| <input type="checkbox"/> Plot Plan* | <input type="checkbox"/> Seasonal Produce Sales |
| <input type="checkbox"/> Relief Determination by Director | <input type="checkbox"/> Vacation of Interior Lot Line/Easement(s) |
| <input type="checkbox"/> Sign Review* | <input type="checkbox"/> Other Existing Cell Tower - New Installation |

*Owner's signature not required on these items.

(Please provide a separate application form for each proposal)

Project Name Ingenu Installation - Fill-In/Colorado SPGS/CSP 154 - BU# 877090

Describe proposal Customer proposes to install (1) Omni and (1) line at 49'. Cabinet to be installed on H Frame in a 4x4 area.

Tax Schedule No. (s) 5306000062

Property Address (s) 8150 Black Forest Road, Colorado Springs, CO 80920

Acreage 1536 square foot compound No. of Proposed Lots 0

Existing Zone _____ Proposed Zone _____

Property Owner Name(s) Kit Carson Riding Club, Inc.

Address 8560 Wildridge Rd, Colorado Springs, CO 80908

_____ Zip Code _____

Office Phone Please contact applicant only Alternate Phone _____

Mobile Phone Please contact applicant only Fax _____

Email Address Please contact applicant only

Applicant Name Brian Hess, Authorized Rep for Carrier, Ingenu, & Tower Owner, Crown Castle USA, Inc.

Address 116 Inverness Dr E, Ste 280, Englewood CO 80112

_____ Zip Code _____

Office Phone 720-450-3041 Alternate Phone _____

Mobile Phone 720-244-5184 Fax _____

Email Address Brian.Hess@CrownCastle.com

Contact / Consultant Name Same

Address _____

_____ Zip Code _____

Office Phone _____ Alternate Phone _____

Mobile Phone _____ Fax _____

Email Address _____

Owner/Applicant Authorization:

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I(we) am(are) fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I(we) have familiarized myself(ourselves) with the rules, regulations and procedures with respect to preparing and filing this application. I(we) also understand that an incorrect submittal will be cause to have the project removed from the agenda of the Planning Commission, Board of County Commissioners and/or Board of Adjustment or delay review, and that 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. Submission of this application and signature of the owner(s) below authorizes the Planning Department, and applicable review agencies, right of entry onto the property for purposes of processing this request.

Owner(s) Signature _____ Date _____

Owner(s) Signature B.D.H. Date 6/1/2017

Applicant Signature B.D.H. Date 6/1/2017

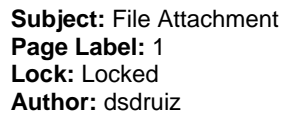
AUTHORIZATION TO SUBMIT APPLICATION (Office Use Only)

☐ Submittal Requirements Matrix
Project Manager Signature _____

☐ Application Accepted

Reference Files _____

dsdruiz (2)



Subject: Callout
Page Label: 1
Lock: Locked
Author: dsdruiz

please select the correct application type and use the new application form.