

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 D Application Form (1-2C)

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. Property Address(es): [1150 N. Ellicott Hwy Calhew, CD 80808			
Appeal Approval of Location Board of Adjustment Certification of Designation					
 Const. Drawings, Min Development Agreer Final Plat, Minor or N 	nent Najor	Tax ID/Parcel Numbers(s) 32 00000143	Parcel size(s) in Acres:		
 Final Plat, Amendment Minor Subdivision Planned Unit Dev. Amendment, Major Preliminary Plan, Major or Minor Rezoning Road Disclaimer SIA, Modification Sketch Plan, Major or Minor Sketch Plan, Revision Solid Waste Disposal Site/Facility Special District Special District Special Use Major Minor, Admin or Renewal Subdivision Exception Vacation Plat Vacation with ROW Vacation of ROW Variances Major Minor (2nd Dwelling or Renewal) Tower, Renewal 		Existing Land Use/Development: Single Family Resid	Zoning District: A-35		
		 Check this box if Administrative Relief is being requested in association with this application and attach a completed 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. Attach additional sheets if there are multiple property owners. 			
				Name (Individual or Organization): Meadow homes LLC Mailing Address:	owner: - Noreen McConnell
				Vested Rights Waiver or Deviation Waiver of Subdivision Regulations WSEO	
		Other:		719-330-0695 Email or Alternative Contact Information	on:
This application form shall be accompanied by all required support materials.		Craig@craig-mcconnell.com			
For PCD Office Use: Date: File :		Description of the request: (subi			
		Plat 40 Ac located	Within SEYNEY		
Rec'd By:	Receipt #:	of 13 Ac each. T	to 3 residential lots to be Known as		
DSD File #:		Mtn To View Esta			

What Administrative Relief are you applying for? Please correct and resubmit

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



APPLICANT(s): Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary)

Name (Individual or Organization):						
Craig McConnell Mailing Address:						
Mailing Address: Ø						
7635 McLaughlin RO	Falcon Colo	50831				
Daytime Telephone:	Fax:					
719-330-0695						
Email or Alternative Contact Information:						
craig C craig - meconnell. 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):		
Mailing Address:		
Daytime Telephone:	Fax:	
· · · ·		
Email or Alternative Contact Information:		

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: Noreen ME Connell Owner (s) Signature: Applicant (s) Signature: CA.MS Comelf

Date: 8 20

Date: 120/18Date: 8/20/18

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