

Planning and Community Development Department

2880 International Circle, Colorado Springs, CO 80910 Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Type D Application Form (1-2C)

Please check the applic		PROPERTY INCORMATION: Provide information to identify a	
(Note: each request requires completion of a		PROPERTY INFORMATION: Provide information to identify properties and	
separate application form):		the proposed development. Attached additional sheets if necessary.	
Annad		Property Address(es):	
☐ Appeal			
☐ Approval of Location		11150 N. Ellicott Hwy Calhan, CO	
☐ Board of Adjustment		80808	
☐ Certification of Designation		Tax ID/Parcel Numbers(s) Parcel size(s) in Acres:	
Const. Drawings, Minor or Major		1 dicci sizo(s) in Acies.	
☐ Development Agreement		320000143 40 Acres	
☐ Final Plat, Minor or Major		320000143 40 Acres	
☐ Final Plat, Amendment		Existing Land Use/Development: Zoning District:	
☐Minor Subdivision		Existing Land Use/Development: Zoning District:	
☐ Planned Unit Dev. Amendment,			
Major		Single Family Resid A-35	
☐ Preliminary Plan, Major or Minor ***XRezoning**			
☐ Road Disclaimer		Check this box if Administrative Relief is being requested in	
☐ SIA, Modification		association with this application and attach a completed	
☐ Sketch Plan, Major or Minor		Administrative Relief request form.	
☐ Sketch Plan, Revision			
☐ Solid Waste Disposal Site/Facility		and any many traiters are being requested in association	
☐ Special District		with this application for development and attach a completed	
Special Use		Waiver request form.	
Major			
☐ Minor, Admin or Renewal		PROPERTY OWNER INCORNATION Indicate the	
☐ Subdivision Exception Vacation		PROPERTY OWNER INFORMATION: Indicate the person(s) or	
		organization(s) who own the property proposed for development.	
☐ Plat Vacation with ROW		Attach additional sheets if there are multiple property owners.	
☐ Vacation of ROW Variances			
variances □ Major		Name (Individual or Organization):	
☐ Minor (2 nd Dwelling or			
Renewal)		Meadow homes LLc - Noreen McConnell Mailing Address: 16985 Fletcheruille LN Peyton Colo Daytime Telephone: Fax:	
☐ Tower, Renewal		Mailing Address:	
☐ Vested Rights		maining / ladi 055.	
☐ Waiver or Deviation		4.25 . 7//	
☐ Waiver of Subdivision Regulations		16985 Fletcheruille IN Perfor Colo	
□ WSEO		Daytime Telephone: Fax:	
□ Other:		719-330-0695	
		Email or Alternative Contact Information:	
This application form shall be accompanied by		_	
all required support materials.		Craig@craig-mcconnell.com	
The second secon	the second second second second		
For PCD	Office Hee	Description	
For PCD Office Use:		Description of the request: (submit additional sheets if necessary):	
Date:	File:	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Plat 40 Ac located within SE4NE4	
Rec'd By:		Sec 24-12-63 into 3 residential lots	
Recu by.	Receipt #:	1 12 no 1 7 / 1/2	
		of 13 Ac each. To be Known as	
DSD File #:		mt = 10 15 1 1 00 = 0.5	
		MtN TO View Estates-Re-Zona to R-5	



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

necessary)	il different than the property owner(s) (attach additional sheets if		
Name (Individual or Organization):			
Craig McConnell Mailing Address: 7635 mc Laughlin RD Daytime Telephone:			
Mailing Address: 0			
7635 Mc Laughlin RD	Falcon Colo for31		
	Fax:		
719 - 330 - 0695 Email or Alternative Contact Information:			
craige craig-meconnell.com-			
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) a	uthorized to represent the property owner and/or applicants		
(attach additional sheets if necessary).	stronged to represent the property owner and/or applicants		
Name (Individual or Organization):			
Mailing Address:			
Manify Address.			
Daytime Telephone:			
Dayume relephone.	Fax:		
Email or Alternative Contact Information:			
amail of Alternative Contact Information:			
An owner signature Applicant(s)/Representative(s):			
All Owliet Signature is not required to proceed a Time A - D D			
owner or an authorized representative where the application is accompanied by a completed Authority to Represent/Owner's Affidavit			
OWNER/APPLICANT AUTHORIZATION:			
To the best of my knowledge, the information on this application a	nd all additional or supplemental documentation in transfer to the		
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 the factual and procedures with respect to preparing and files the second of the			
that an incorrect submittal may delay review and that			
application and may be revoked on any broads of any broads of the representations made in the			
Materials to allow a complete review and respect to the processor.			
midy lesuit in my application not hold one and ordinarian			
all collulions of any approvale granted by FLD			
diesuit of supplyision plat notes, doed restrictions that			
arry cornict. I hereby give nermission to El Dans Co.	The state of the s		
maintain proper facilities and safe access facilities	plicable review agencies, to enter on the above described property with plication and enforcing the provisions of the LDC. I agree to at all times		
	perty by El Paso County while this application is pending.		
Owner (s) Signature: Novem M = Connell	Date: 8 20 18		
Owner (s) Signature:	,		
	Date:		
Applicant (s) Signature:	Date:		
	Date: \$/20/18		