

# 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):	<b>PROPERTY INFORMATION:</b> Provide information to identify properties and the proposed development. Attached additional sheets if necessary.
<ul> <li>Administrative Relief</li> <li>Certificate of Designation, Minor</li> <li>Site Development Plan, Major</li> <li>Site Development Plan, Minor</li> <li>CMRS Co-Location Agreement</li> <li>Condominium Plat</li> <li>Crystal Park Plat</li> <li>Early Grading Request associated with a</li> </ul>	Property Address(es): 514 Chatfield. Dr. C/S. CO. 80911 YaxVD/Wardel Numbers(s) Prancel Size(s) In Acres:
Preliminary Plan Maintenance Agreement Minor PUD Amendment Resubmittal of Application(s) (>3 times) Road or Facility Acceptance, Preliminary	Existing Land Use/Development: ELDCISO COUNTY
□ Road or Facility Acceptance, Final □ Townhome Plat All fields must be filled out on application	Check this box if <b>Administrative Relief</b> is being requested in ation with this application and attach a completed
Please update the form and upload the e document.	
	<u>OWNER INFORMATION</u> : Indicate the person(s) or on(s) who own the property proposed for development. Attached additional sheets if there are multiple property owners.
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 Sight Visibility View Corridor Other:	Name (Individual or Organization): Pauline Torres and Kristgna Southel Mailing Address: <u>514 Chatfield Dr. (S. Co. 80911</u> Daytime Telephone: <u>719-244-2092</u> Email or Alternative Contact Information: Katesturn & Yahoo. Com <u>Bescription of the request:</u> (attach additional sheets if necessary):
This application form shall be accompanied by all required support materials.	and children on my property
For PCD Office Use:	514 Chatfield Dr. C/Sich. 80977
Date: File :	
Rec'd By: Receipt #:	·
DSD File #:	TYPE C APPLICATION FORM 1-2B



<u>APPLICANT(s)</u>: Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary).

Name (Individual or Organization): Kristyna Southall and Pauline Torres		
Mailing Address: 514 Chatfield Dr. Colorado Springs CO 80911		
Daytime Telephone: 7192442092	Fax:	
Email or Alternative Contact Information: katesturn@yahoo.com		
<b>AUTHORIZED REPRESENTATIVE(s):</b> Indicate the person(s) authorized to represent the property owner and/or applicants (attach additional sheets if necessary).		
Name (Individual or Organization):		
Mailing Address:		

Email or Alternative Contact Information:

Daytime Telephone:

### Fax:

#### 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 agreess for inspection of the property [by El Paso County while this ap

Owner (s) Signature:

Owner (s) Signature:

Applicant (s) Signature:

Date: Date: Date:

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

## Application-Petition Form\_V1.pdf Markup Summary

Cloud+ (1)



Subject: Cloud+ Page Label: 1 Author: John Green Date: 9/3/2020 10:43:12 AM Status: Color: Layer: Space:

All fields must be filled out on application form. Please update the form and upload the edited document.