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 applicable application type (Note: each request requires completion of a separate application form):

☐ Appeal
☐ Approval of Location
☐ Board of Adjustment
☐ Certification of Designation
☐ Const. Drawings, Minor or Major
☐ Development Agreement
☐ Final Plat, Minor or Major
☐ 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 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
☐ Vested Rights
☐ Waiver or Deviation
☐ Waiver of Subdivision Regulations
☐ WSEO

☐   Other: _____

This application form shall be accompanied by all required support materials.

PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attached additional sheets if necessary.

Property Address(es):	
Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:
Existing Land Use/Development:	Zoning District:

☐   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):	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	

For PCD Office Use:	
Date:	File :
Rec'd By:	Receipt #:
DSD File #:	

Description of the request: *(submit additional sheets if necessary):*

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

Name (Individual or Organization):	CPR Entitlements, LLC
Mailing Address:	31 N Tejon St. #500 Colorado Springs, Colorado 80903

Daytime Telephone: 719-377-0244	Fax:

Email or Alternative Contact Information:	HLI.PAK7@gmail.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):	Dakota Springs Engineering, LLC
Mailing Address:	31 North Tejon, Suite 500 Colorado Springs, CO 80903

Daytime Telephone: 719-227-7388	Fax: 719-227-7392

Email or Alternative Contact Information:	charlescothern@springseng.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:	_Eugenia A. Blaymer_	Date: 6/9/17
Owner (s) Signature:	_Rodger Rahlen_	Date: 6/03/07
Applicant (s) Signature:	_[signature]_	Date: 6/7/17

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

Name (Individual or Organization)	CPR Entitlements, LLC
Mailing Address:	31 North Tejon, Suite 500 Colorado Springs, CO 80903
Daytime Telephone: 719-377-0244	Fax:
Email or Alternative Contact Information:	HLI.PAK7@gmail.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):	Dakota Springs Engineering, LLC
Mailing Address:	31 North Tejon, Suite 500 Colorado Springs, CO 80903
Daytime Telephone: 719-227-7388	Fax: 719-227-7392
Email or Alternative Contact Information:	charlescothern@springseng.com

AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):

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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: _____ Date: 6-14-17

Owner (s) Signature: _____ Date: _____

Applicant (s) Signature: _____ Date: 6/7/17