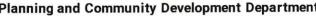


Planning and Community Development Department 2880 International Circle, Colorado Springs, CO 80910 Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

<u>APPLICANT(s)</u> : Indicate person(s) submitting the applicat necessary).	tion if different than the property owner(s) (attach additional sheets i
Name (Individual or Organization): Damien Williams	
Mailing Address:	
1430 Spring valley Dr Colorado Spri	ngs 80921
Daytime Telephone: 719 360 2576	Fax:
Email or Alternative Contact Information: damien.williams(@libertyfrac.com
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s (attach additional sheets if necessary).	s) authorized to represent the property owner and/or applicants
Name (Individual or Organization): Damien Williams	
Mailing Address: 1430 Spring Valley Dr Colorado Spri	ings 80921
Daytime Telephone: 719 360 2576	Fax:
Email or Alternative Contact Information:	
AUTHORIZATION FOR OWNER'S APPLICANT(s)/REPRESENTA An owner signature is not required to process a Type A or B Decomer or an authorized representative where the application is naming the person as the owner's agent	ATIVE(S): evelopment Application. An owner's signature may only be executed by the s accompanied by a completed Authority to Represent/Owner's Affidavit
complete. I am fully aware that any misrepresentation of any in have familiarized myself with the rules, regulations and proced that an incorrect submittal may delay review, and that any app application and may be revoked on any breach of representati required materials as part of this application and as appropriate materials to allow a complete review and reasonable determin may result in my application not being accepted or may extendial conditions of any approvals granted by El Paso County. I ur are a right or obligation transferable by sale. I acknowledge the a result of subdivision plat notes, deed restrictions, or restrictive submitting to El Paso County due to subdivision plat notes, dee any conflict. I hereby give permission to El Paso County, and	on and all additional or supplemental documentation is true, factual and information on this application may be grounds for denial or revocation. I sures with respect to preparing and filing this application. I also understand or or or or condition(s) of approval. I verify that I am submitting all of the to this project, and I acknowledge that failure to submit all of the necessary atton of conformance with the County's rules, regulations and ordinances the length of time needed to review the project. I hereby agree to abide by inderstand that such conditions shall apply to the subject property only and to lunderstand the implications of use or development restrictions that are recovenants. I agree that if a conflict should result from the request I am and restrictions, or restrictive covenants, it will be my responsibility to resolve applicable review agencies, to enter on the above described property with the application and enforcing the provisions of the LDC. I agree to at all times property by El Paso County while this application is pending. Date: Date:
Owner (s) Signature:	Date:
Applicant (s) Signature:	Date: /_ /



DSD File #:



Planning and Community Development Department 2880 International Circle, Colorado Springs, CO 80910 Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Residential

	туре	E C Application Form (1-28)		
	olicable application type equires completion of a form):	PROPERTY INFORMATION: Provide inf the proposed development. Attache	formation to identify propertie ad additional sheets if necess	es and sary.
✓ Administrative Relief	an, Major	Property Address(es): 1430 Spring Valley Dr 80921		
☐ Site Development Pla ☐ CMRS Co-Location A ☐ Condominium Plat		Tax ID/Parcel Numbers(s) 6132007040	Parcel size(s) in Acres:	
☐ Crystal Park Plat ☐ Early Grading Reques Preliminary Plan	. "	Existing Land Use/Development:	Zoning District:	
☐ Maintenance Agreem ☐ Minor PUD Amendme ☐ Resubmittal of Application	ent ation(s) (>3 times)	Existing land	Reresidential	
☐ Road or Facility Acce ☐ Road or Facility Acce ☐ Townhome Plat		Check this box if Administrative association with this application a		RS-20,000
Administrative Special U ☑ Extended Family ☐ Temporary Minir	Dwelling	Administrative Relief request forr Check this box if any Waivers are with this application for developm	n. re being requested in associa	ation
☐ Oil and/or Gas 0 ☐ Rural Home Occ ☐ Tower Renewal	•	Waiver request form. Property Owner Information: Ind	licate the person(s) or	Don't mark this box.
□ Other Construction Drawing Re ☑ Approved Construction □ Review of Construction Per □ Major Final Plat □ Minor Subdivisio Improvements □ Site Developmer	ruction Drawings mit n with	organization(s) who own the propert Attached additional sheets if there at Name (Individual or Organization): Damien Williams Mailing Address: 1430 Spring valley	re multiple property owners.	
☐ Site Developmen ☐ Early Grading or ☐ ESQCP		Daytime Telephone: 7193602576	Fax:	
Minor Vacations (mark o Vacation of Interi Utility, Drainage, Easements Sight Visibility View Corridor	or Lot Line(s)	Email or Alternative Contact Informati damien.williams@libertyfrac.c	om	
□ Other:		Description of the request: (attack		
This application form s required support mate	shall be accompanied by all rials.	We are adding on 18' to our had 37.5 ft to the rear property lin	e where we need 40 ft.	
For PCD	Office Use:	The 40 ft line	at the rear	of
Date:	File :	the 40 ft line our property		
Rec'd By:	Receipt #:			

Type C Application Form 1-2B Page 1 or 2

Markup Summary

dsdkendall (3)



Subject: Callout Page Label: 2 Lock: Unlocked Author: dsdkendall

Date: 3/29/2019 1:39:03 PM

Color:

Don't mark this box.

RS-20,000

si dize(e) in Acree:

ing District
residential

is being repursed in
the acompleted

PS-20,000

requested in association
d statch a completed

e person(e) or

Subject: Callout Page Label: 2 Lock: Unlocked Author: dsdkendall

Date: 3/29/2019 1:39:31 PM

Color:

Subject: Callout

Residential

Page Label: 2 Lock: Unlocked Author: dsdkendall

Date: 3/29/2019 1:39:59 PM

Color:

Development Department
travels Springs, Co 091901
R64491 | Invandamental
than Form (1-25)
| Invanda