COLORADO
Office of Behavioral Health
Department of Human Services

SUD – Substance Use Disorder State Licensure Program

ZONING DEPARTMENT - Zoning Use Confirmation - Sign off for Local Authorities

SECTION A: TO BE COMPLETED BY THE APPLICANT

PURPOSE OF THE APPLICATION:
- ☒ Initial Application
- ☐ Renewal Application
- ☐ Modification – Change in location

Type of Substance Use Disorder services being provided: ☒ Residential / Transitional ☐ Outpatient ☐ Day Treatment

SECTION B: TO BE COMPLETED BY THE APPLICANT – PHYSICAL SITE LOCATION

Current Name of Agency: Sandstone Care COS, LLC

Address: 5250 Pikes Peak Hwy

City: Cascade Zip: 80809 County: El Paso

Name of Contact Person for any questions: Ryan Presley

Phone: (303) 638-5763 Fax: (719) 598-7239

SECTION C: TO BE COMPLETED BY THE CITY/COUNTY ZONING DEPARTMENT
(this section must be filled out by the proper authority to be considered a valid document)

Zoning Department having jurisdiction: _____

The above named facility meets the requirements of the local authority having jurisdiction for the occupancy based on work outlined above. (If "no", please explain on a separate attachment) ☐ YES ☐ NO

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Revised 08/21/14