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: El Paso County Planning & Community Development

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: [signature] Date: 8-22-18

Printed Name: Gabe Sevigny Title: Planner I

Address: 2880 International Cir City: Colorado Springs Zip: 80910

Revised 08/21/14

Please note that per Section 2.2.1.H of the El Paso County Land Development Code, all administrative determinations, such as this one, may be appealed to the Board of County Commissioners within 30 days of the date of the decision