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: Colorado County: El Paso

Name of Contact Person for any questions: Caleb Krull

Phone: 719-960-4743 Fax: 719-960-4743

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

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: Kari Parsons Date: 1/7/2021

Printed Name: KARI PARSONS Title: PLANNER III

Address: 2880 INTERNATIONAL CIR City: COLO SPGS Zip: 80910

Revised 08/21/14

PARCEL 83221-01-002
CC ZONING - LEGAL NON-CONFORMING
ADM185; APP07003