



**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: Cabe Serigny Title: Planner I  
 Address: 2880 International Cir City: Wood 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