

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 Rehab facility ☐ Modification – Change in location
Type of Substance Use Disorder services being provided:	Residential / Transitional
SECTION B: TO BE COMPLETED BY THE APPLICANT - PHYSICAL SITE LOCATION Current Name of Agency: Sandstone Care Cos, LLC Address: 5250 Pives Peak Hwy City: Cascade Zip: 80809 County: E1 Paso Name of Contact Person for any questions: Caleb Isrull 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: 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) Signature: Date: 8/15/2019 Printed Name: Kan Parson Title: PlannerTT Address: 2800 https://document	
Revised 08/21/14 parol 83721 01 002 CCZURING - legal NonConfring) ADM 18.5: APP.07.003	