

DSD File #:

Please check the applicable application type (note that separate completed forms

are required for each request):

## Planning and Community Development Department

2880 International Circle, Colorado Springs, CO 80910 Phone 719.520.6300 | Fax 719.520.6695 | www.elpasoco.com

Property Address(es):

## Type A and B Application Form (1-2a)

<u>PROPERTY INFORMATION</u>: Provide information to identify properties and the proposed development. Attached additional sheets if necessary.

	Administrative Determination	14950 Bear Gulch St, Colorado Springs, CO 80908			
	Administrative Relief	Tax ID/Parcel Numbers(s)	Parcel Size(s) in Acres:		
	Billboard Credit	51-320-01-045	5.28		
	Code Interpretation	Existing Land Use/Development:	Zoning District:		
	Combination of Contiguous Parcels by Boundary Line Adjustment	Residential	RR-5		
	Determination of Non-conforming	Legal Description (can be provided as an attachment):			
	Use	Lot 15, Terra Ridge Filing No. 2, County of El Paso, State of CO			
	Merger by Contiguity				
	Voluntary Merger	☑ Check this box if Administrative Relief is being requested in			
	Zoning Compliance	association with this application and attach a completed			
	Other:	Administrative Relief reques			
acco	application form shall be mpanied by all required support	<ul> <li>Check this box if any Waivers are being requested in association with this application for development and attach a completed Waiver request form.</li> </ul>			
mate	rials.				
	E: The following applications are	PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attached additional sheets if there are multiple property owners.  Name (Individual or Organization):  Steven R King II  Mailing Address:			
	essed without the use of this cation form. Each of the following				
	ires use of a separate				
requ	est-specific application form:				
NO. OF THE REAL PROPERTY.	BESQCP Driveway Permit				
GASSEL .	Home Occupation				
Group Home, Adult Care, & Child     Care Permit		14950 Bear Gulch St, Colorado Springs, CO			
AND THE RESERVE OF THE PERSON	Residential Site Plan	Daytime Telephone:	Fax:		
C000000	Sign Permit Femporary Mobile Home	7194667964			
SECTION .	Temporary Use, Minor	Email or Alternative Contact Information:			
		contractking@hotmail.com			
		Description of the request: (a	ttach additional sheets if necessary):		
For Office Use:		Request relief from the 25' se	t back. Actual improvement		
Date:	File:	location is 23.9' at its closest p	point.		
Rec'd By	: Receipt #:				
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APPLICANT(s): Indicate person(s) submitting the application	if different than the ne	oporty o	amor(o) (ottook additional day
necessary).	ii dillerent trian trie pi	operty or	wher(s) (attach additional sheets if
Name (Individual or Organization):			
		10	
Mailing Address:			
maining Address.			
a a			
Daytime Telephone:	Fax:		
Email or Alternative Contact Information:	1		
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) a	uthorized to represen		
(attach additional sheets if necessary).	umonzed to represent	r rue brot	perty owner and/or applicants
Name (Individual or Organization):			
			in the state of th
Mailing Address:			
Maining Address.			
Daytime Telephone:	Fax:		
Email or Alternative Contact Information:			
, ,			
OWNER/APPLICANT AUTHORIZATION:			
To the hest of my knowledge the information at the information of the			
To the best of my knowledge, the information on this application a complete. I am fully aware that any misrapresentation of any information of any information of any information.	nd all additional or supp	lemental o	documentation is true, factual and
complete. I am fully aware that any misrepresentation of any information for the following that are familiarized myself with the rules, regulations and procedure that an incorrect submittal may delay review, and that are	e with recordet to proper	na and fili	mathia andi-ti-ti-ti-ti-ti-ti-ti-ti-ti-ti-ti-ti-ti
The same that be revolved our any Diesell of Papiraganistion of	or condition(c) of opprove	01 1 1 100 014	5 - 4 h _ 1 1 1
in a serial do part of this application and as annimpriate to t	nic project and Lackness	dodgo that	ffailure to autour 1 11 CH
or without notice for the purposes of reviewing this development apmaintain proper facilities and safe access for inspection of the pro	plication and enforcing to	ne provisio	ons of the LDC. I agree to at all times
	porty by Li i aso county	wille tills	application is pending.
Owner (s) Signature:		Date:	Feb 2020
1.7		Date	
Owner (s) Signature:		Date:	
		Date	
Applicant (s) Signature:		Date:	
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