

El Paso County Development Services Department
 2880 International Circle, Suite 110
 Colorado Springs, CO 80910
 PHONE 719-520-6300
 FAX 719-520-6695

Date
File #
Receiver
PM
Type A B C D
Office Use Only

Petition/Application Form

Public Hearing Items:

- | | | |
|---|---|--|
| <input type="checkbox"/> Amended Plat | <input type="checkbox"/> Preliminary Plan | <input type="checkbox"/> Vacation of Existing Plat |
| <input type="checkbox"/> Appeals | <input type="checkbox"/> PUD | <input type="checkbox"/> Vacation of Interior Lot Line |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Rezone | <input type="checkbox"/> Vacation of Right-of-Way |
| <input type="checkbox"/> Certificate of Designation | <input type="checkbox"/> Site Specific Development Plan/Development Agreement | |
| <input type="checkbox"/> Expansion of Legal Nonconforming Use | <input type="checkbox"/> Variance of Use | |
| <input type="checkbox"/> Final Plat | <input type="checkbox"/> Sketch Plan | <input type="checkbox"/> Vested Property Rights |
| <input type="checkbox"/> Location Approval | <input checked="" type="checkbox"/> Special Use Review | <input type="checkbox"/> Waiver of Regulations |
| <input type="checkbox"/> Minor Subdivision | <input type="checkbox"/> Subdivision Exemption | 1. _____ |
| <input type="checkbox"/> Others | <input type="checkbox"/> Vacation/Replat | 2. _____ |
| 1. _____ | | 3. _____ |
| 2. _____ | | |
| 3. _____ | | |

Administrative Items:

- | | |
|---|--|
| <input type="checkbox"/> Billboard Credit | <input type="checkbox"/> Temporary Mobile Home Permit |
| <input type="checkbox"/> Care Facility | <input type="checkbox"/> Temporary Use Permit (check one below)* |
| <input type="checkbox"/> Determination of Nonconforming Use | <input type="checkbox"/> Carnival/Circus |
| <input type="checkbox"/> Home Occupation Permit (check one below) | <input type="checkbox"/> Christmas Tree Sales |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Construction Office/Trailer |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Fireworks Stand |
| <input type="checkbox"/> Merger by Contiguity | <input type="checkbox"/> Mobile Home/Subdivision Sales Office |
| <input type="checkbox"/> Plot Plan* | <input type="checkbox"/> Seasonal Produce Sales |
| <input type="checkbox"/> Relief Determination by Director | <input type="checkbox"/> Vacation of Interior Lot Line/Easement(s) |
| <input type="checkbox"/> Sign Review* | <input type="checkbox"/> Other _____ |

*Owner's signature not required on these items.

(Please provide a separate application form for each proposal)

Project Name Eastholme of the Rockies Bed and Breakfast

Describe proposal Restore Special Use Permit for Property after bank ownership

Tax Schedule No. (s) 8326202004

Property Address (s) 4445 Hagerman Ave Cascade CO 80809

Acreage 0.57 No. of Proposed Lots 12 to 17 Blk 21 Cascade Add 1

Existing Zone R-T Proposed Zone Special Use Permit

Property Owner Name(s) Kevin & Susan Taylor

Address PO Box 39, 4445 Hagerman Ave
Cascade Colorado Zip Code 80809

Office Phone 719-896-4458 Alternate Phone _____

Mobile Phone 973-820-3556 Fax _____

Email Address susan.creativeedge@gmail.com

Applicant Name Susan & Kevin Taylor

Address PO Box 39, 4445 Hagerman Ave
Cascade Colorado Zip Code 80809

Office Phone 719-896-4458 Alternate Phone _____

Mobile Phone 201-588-3861 Fax _____

Email Address kevin.creativeedge@gmail.com

Contact / Consultant Name _____

Address _____

Zip Code _____

Office Phone _____ Alternate Phone _____

Mobile Phone _____ Fax _____

Email Address _____

Owner/Applicant Authorization:

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I(we) am(are) fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I(we) have familiarized myself(ourselves) with the rules, regulations and procedures with respect to preparing and filing this application. I(we) also understand that an incorrect submittal will be cause to have the project removed from the agenda of the Planning Commission, Board of County Commissioners and/or Board of Adjustment or delay review, and that approval of this application is based on the representations made in the application and may be revoked on any breach of representation or condition(s) of approval. Submission of this application and signature of the owner(s) below authorizes the Planning Department, and applicable review agencies, right of entry onto the property for purposes of processing this request.

Owner(s) Signature _____ Date 4-11-17

Owner(s) Signature [Signature] Date 4-11-17

Applicant Signature [Signature] Date 4-11-17

AUTHORIZATION TO SUBMIT APPLICATION (Office Use Only)

Submittal Requirements Matrix
Project Manager Signature _____

Application Accepted

Reference Files _____