

## Planning and Community Development Department

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

## **Type D Application Form (1-2C)**

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Please check the applicable application type (Note: each request requires completion of a separate application form):	PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attached additional sheets if necessary.		
	Property Address(es):		
Appeal	1060 W Caribou Drive		
☐ Approval of Location			
☐ Board of Adjustment	Monument, CO 80132		
☐ Certification of Designation	Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:	
☐ Const. Drawings, Minor or Major ☐ Development Agreement			
☐ Final Plat, Minor or Major	7113302103	1.28 ac	
☐ Final Plat, Amendment			
☐ Minor Subdivision	Existing Land Use/Development:	Zoning District:	
☐ Planned Unit Dev. Amendment, Major	R5-20000	Select zoning district	
☐ Preliminary Plan, Major or Minor			
☐ Rezoning			
☐ Road Disclaimer	Check this box if Administrati	ve Relief is being requested in	
☐ SIA, Modification	association with this application and attach a completed		
☐ Sketch Plan, Major or Minor		Administrative Relief request form.	
☐ Sketch Plan, Revision	☐ Check this box if any <b>Waivers</b> are being requested in association		
☐ Solid Waste Disposal Site/Facility ☐ Special District	with this application for development and attach a completed		
Special Use	Waiver request form. (	NOTE: cd not find form.	
☐ Major	Traire request form.	NOIE: CANOT THE	
☐ Minor, Admin or Renewal		LM w/ planner-24hrs no	
☐ Subdivision Exception	PROPERTY OWNER INFORMATION: Indicate the person(s) or		
Vacation	organization(s) who own the property proposed for development.		
☐ Plat Vacation with ROW ☐ Vacation of ROW	Attach additional sheets if there are	multiple property owners.	
Variances	Name (Individual or Organization):		
☐ Major			
☐ Minor (2 <sup>nd</sup> Dwelling or Renewal)	Karl & margaret - Patricia Larsen		
☐ Tower, Renewal	Mailing Address:		
□ Vested Rights	1060 W. Caribou Dr		
☐ Waiver or Deviation	Monument, CO 80132  Daytime Telephone: Fax:		
☐ Waiver of Subdivision Regulations ☐ WSEO	Daytime Telephone:	Fax:	
l = ^	719-321-4122		
Other: Admin Relief	111 221 4130		
	Email or Alternative Contact Informat	ion:	
This application form shall be accompanied by	1 1 1		
all required support materials.	larsenmp@mac.com		
For PCD Office Use:	Description of the request: (sub	mit additional sheets if necessary):	
Date: File :	2 al marile 1 and side of		

Rec'd By:

Receipt #:

3- Story addition to east side of home w/a 10.6% increase into 15' side setback - seeking admin.

Relief



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APPLICANT(s): Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary) Name (Individual or Organization): Mailing Address:
6572 Bull Hill Ct, Colorado Springs CD 80919

Daytime Telephone:
Fax: 719-210-6177 Email or Alternative Contact Information: 9. Sparrow @ build with ibs. com AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) authorized to represent the property owner and/or applicants (attach additional sheets if necessary). Name (Individual or Organization): Mailing Address: Same as above Same as above Daytime Telephone: Fax: Email or Alternative Contact Information: Same as above AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): An owner signature is not required to process a Type A or B Development Application. An owner's signature may only be executed by the owner or an authorized representative where the application is accompanied by a completed Authority to Represent/Owner's Affidavit naming the person as the owner's agent **OWNER/APPLICANT AUTHORIZATION:** To the best of my knowledge, the information on this application and all additional or supplemental documentation is true, factual and complete. I am fully aware that any misrepresentation of any information on this application may be grounds for denial or revocation. I have familiarized myself with the rules, regulations and procedures with respect to preparing and filing this application. I also understand that an incorrect submittal may delay review, and that any 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. I verify that I am submitting all of the required materials as part of this application and as appropriate to this project, and I acknowledge that failure to submit all of the necessary materials to allow a complete review and reasonable determination of conformance with the County's rules, regulations and ordinances may result in my application not being accepted or may extend the length of time needed to review the project. I hereby agree to abide by all conditions of any approvals granted by El Paso County. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale. I acknowledge that I understand the implications of use or development restrictions that are a result of subdivision plat notes, deed restrictions, or restrictive covenants. I agree that if a conflict should result from the request I am submitting to El Paso County due to subdivision plat notes, deed restrictions, or restrictive covenants, it will be my responsibility to resolve any conflict. I hereby give permission to El Paso County, and applicable review agencies, to enter on the above described property with or without notice for the purposes of reviewing this development application and enforcing the provisions of the LDC. I agree to at all times maintain proper facilities and safe access for inspection of the property by El Paso County while this application is pending. Owner (s) Signature: Date: Owner (s) Signature: Applicant (s) Signature: 8/26/22