



Planning and Community Development Department

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

APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary).

Name (Individual or Organization): Christy Riggs, 308 LLC	
Mailing Address: 815 S. 25th St. #203	
Daytime Telephone: 719-505-6635	Fax: n/a
Email or Alternative Contact Information: ChristyRiggs@308LLC.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): Lono Ho'ala	
Mailing Address: P.O. Box 7261, Woodland Park, CO 80863	
Daytime Telephone: 303-687-2978	Fax:
Email or Alternative Contact Information: Lono@eaglesnestwellnesscenter.com	

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: Eagle Vision Investment company LLC Date: 10/18/2017

Owner (s) Signature: by Lono Ho'ala Pres Date: 10/18/2017

Applicant (s) Signature: Christine P. Riggs Digitally signed by Christine P. Riggs Date: 2017.10.17 10:50:47 -06'00' Date: 10-17-2017



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Type C Application Form (1-2B)

Please check the applicable application type (Note: each request requires completion of a separate application form):

- Administrative Relief
- Certificate of Designation, Minor
- Site Development Plan, Major
- Site Development Plan, Minor
- CMRS Co-Location Agreement
- Condominium Plat
- Crystal Park Plat
- Early Grading Request associated with a Preliminary Plan
- Maintenance Agreement
- Minor PUD Amendment
- Resubmittal of Application(s) (>3 times)
- Road or Facility Acceptance, Preliminary
- Road or Facility Acceptance, Final
- Townhome Plat

Administrative Special Use (mark one)

- Extended Family Dwelling
- Temporary Mining or Batch Plant
- Oil and/or Gas Operations
- Rural Home Occupation
- Tower Renewal
- Other _____

Construction Drawing Review and Permits (mark one)

- Approved Construction Drawing Amendment
- Review of Construction Drawings
- Construction Permit
- Major Final Plat
- Minor Subdivision with Improvements
- Site Development Plan, Major
- Site Development Plan, Minor
- Early Grading or Grading
- ESQCP

Minor Vacations (mark one)

- Vacation of Interior Lot Line(s)
- Utility, Drainage, or Sidewalk Easements
- Sight Visibility
- View Corridor

Other: _____

This application form shall be accompanied by all required support materials.

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

Property Address(es): 8455 US-24 Cascade, CO 80809	
Tax ID/Parcel Numbers(s) 8322100002	Parcel size(s) in Acres: 2.35
Existing Land Use/Development: Medical Marijuana grow & sale	Zoning District: C-2

- Check this box if **Administrative Relief** is being requested in association with this application and attach a completed Administrative Relief request form.
- Check this box if any **Waivers** are being requested in association with this application for development and attach a completed Waiver request form.

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): EagleVision Investment Company, LLC. - Lono Ho'ala Pres.	
Mailing Address: P.O. Box 7261, Woodland Park, CO 80863	
Daytime Telephone: 303-687-2978	Fax:
Email or Alternative Contact Information: lono@eaglesnestwellnesscenter.com	

Description of the request: (attach additional sheets if necessary):

Request for development of a new greenhouse as an accessory use to grow the medicinal marijuana that is processed and sold in the existing wellness center.

For PCD Office Use:	
Date:	File :
Rec'd By:	Receipt #:
DSD File #:	