

## **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)**

Please check the applicable application type (Note: each request requires completion of a separate application form):	PROPERTY INFORMATION: Provide in the proposed development. Attach	nformation to identify properties and ed additional sheets if necessary.
☐ Appeal ☐ Approval of Location ☐ Board of Adjustment	Property Address(es):	rings CO 90009 2222
☐ Certification of Designation	6145 Coolwell Drive, Co Springs, CO 80908-3323	
☐ Const. Drawings, Minor or Major	Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:
☐ Development Agreement		
☐ Final Plat, Minor or Major		
Final Plat, Amendment		<u> </u>
☐ Minor Subdivision	Existing Land Use/Development:	Zoning District:
☐ Planned Unit Dev. Amendment, Major		
☐ Preliminary Plan, Major or Minor		
☐ Rezoning		
□ Road Disclaimer	☐ Check this box if <b>Administrative Relief</b> 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.	
☐ Major	Traitor roquest ro	
☐ Minor, Admin or Renewal		
☐ Subdivision Exception	PROPERTY OWNER INFORMATION: Indicate the person(s) or	
Vacation	organization(s) who own the property proposed for development.	
☐ Plat Vacation with ROW	Attach additional sheets if there are multiple property owners.	
☐ Vacation of ROW	<u> </u>	
Variances	Name (Individual or Organization):	
☐ Major	should also list adjacent property owner	
☐ Minor (2 <sup>nd</sup> Dwelling or Renewal)	since their lot is being enlarged with your	
☐ Tower, Renewal	Mailing Address: land.	
□ Vested Rights		
☐ Waiver or Deviation		
☐ Waiver of Subdivision Regulations	Daytime Telephone:	Fax:
□WSEO	Daytime relephone.	T un.
□ Other:		
	Email or Alternative Contact Informa	ition:
This application form shall be accompanied by		
all required support materials.		
For DCD Office Hear	Description of the request, (a)	hmit additional about if necessary):
For PCD Office Use:	<u>Description of the request:</u> (sub-	bmit additional sheets if necessary):
Date: File :		
Rec'd By: Receipt #:	7	
1000p.m		
	_	
OSD File #:		
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<u>APPLICANT(s):</u> Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary)

Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	
<u>AUTHORIZED REPRESENTATIVE(s):</u> Indicate the person(s) au (attach additional sheets if necessary).	nthorized to represent the property owner and/or applicants
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	
AUTHORIZATION FOR OWNER'S APPLICANT(s)/REPRESENTATIVE(s): An owner signature is not required to process a Type A or B Develor owner or an authorized representative where the application is accomaining the person as the owner's agent	opment Application. An owner's signature may only be executed by the companied by a completed Authority to Represent/Owner's Affidavit
complete. I am fully aware that any misrepresentation of any inform have familiarized myself with the rules, regulations and procedures that an incorrect submittal may delay review, and that any approva application and may be revoked on any breach of representation or required materials as part of this application and as appropriate to the materials to allow a complete review and reasonable determination may result in my application not being accepted or may extend the leall conditions of any approvals granted by El Paso County. I undersare a right or obligation transferable by sale. I acknowledge that I a result of subdivision plat notes, deed restrictions, or restrictive cosubmitting to El Paso County due to subdivision plat notes, deed reany conflict. I hereby give permission to El Paso County, and app	r condition(s) of approval. I verify that I am submitting all of the his project, and I acknowledge that failure to submit all of the necessary of conformance with the County's rules, regulations and ordinances ength of time needed to review the project. I hereby agree to abide by stand that such conditions shall apply to the subject property only and understand the implications of use or development restrictions that are evenants. I agree that if a conflict should result from the request I am strictions, or restrictive covenants, it will be my responsibility to resolve licable review agencies, to enter on the above described property with plication and enforcing the provisions of the LDC. I agree to at all times
Owner (s) Signature:	Date:
Owner (s) Signature:	Date:
Applicant (s) Signature:	Date:

Need signatures for owner of other parcel as well.