

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 information to identify properties and the proposed development. Attached additional sheets if necessary.	
☐ Appeal	Property Address(es):	
☐ Approval of Location ☐ Board of Adjustment	1315 Walsen Rd Colorado Springs, CO 80921	
☐ Certification of Designation ☐ Const. Drawings, Minor or Major	Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:
☐ Development Agreement ☐ Final Plat, Minor or Major	6205000029	41
☐ Final Plat, Amendment ☑ Minor Subdivision ☐ Planned Usit Day, Amendment	Existing Land Use/Development:	Zoning District:
☐ Planned Unit Dev. Amendment, Major ☐ Preliminary Plan, Major or Minor	Single Family Residence	RR-5
☐ Rezoning ☐ Road Disclaimer ☐ SIA, Modification ☐ Sketch Plan, Major or Minor	association with this application	
☐ Sketch Plan, Revision ☐ Solid Waste Disposal Site/Facility ☐ Special District	Administrative Relief request form. Check this box if any Waivers are being requested in association with this application for development and attach a completed	
Special Use □ Major □ Minor, Admin or Renewal	Waiver request form.	spiriture and attack a completed
☐ Subdivision Exception	PROPERTY OWNER INFORMATION: Indicate the person(s) or	
Vacation ☐ Plat Vacation with ROW ☐ Vacation of ROW	organization(s) who own the property proposed for development. Attach additional sheets if there are multiple property owners.	
Variances □ Major	Name (Individual or Organization):	
☐ Minor (2 nd Dwelling or Renewal)	Clive and Karen Grant	
☐ Tower, Renewal ☐ Vested Rights	Mailing Address:	
☐ Waiver or Deviation	1315 Walsen Rd	
☐ Waiver of Subdivision Regulations ☐ WSEO	Daytime Telephone:	Fax:
□ Other:	507-254-3163; 507-269-6382	
	Email or Alternative Contact Information:	
This application form shall be accompanied by all required support materials.	grantclive@gmail.com; klgee71@aol.com	
For PCD Office Use:	Description of the request: (sur	bmit additional sheets if necessary):
Date: File :	Subdivide owned 41 acre parcel into 2 parcels: 11 acres including present home, and a 30-acre parcel of bare land with	
Rec'd By: Receipt #:	no improvements, preserving RR-5 zoning.	
DSD File #:		AMBRIDO A III.



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

necessary)	
Name (Individual or Organization):	
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Mailing Address:	
Mailing Address.	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	
Lines of Atternative Contact Information.	
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s)	
(attach additional sheets if necessary).	authorized to represent the property owner and/or applicants
Name (Individual or Organization):	
maina (mainada or organization).	
Mailing Address:	
Daytime Telephone:	Fax:
•	T un.
Email or Alternative Contact Information:	
Authorization for Owner's Account (ND	
An owner signature is not required to account T	
Owner of an authorized representative where the application is a	lopment Application. An owner's signature may only be executed by the companied by a completed Authority to Represent/Owner's Affidavit
naming the person as the owner's agent	companied by a completed Authority to Represent/Owner's Affidavit
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OWNER/APPLICANT AUTHORIZATION: To the best of my knowledge, the information on this application.	and all address of the second and address of the second address of the second and address of the second address of the second and address of the second and address of the second address of the second address of the second and address of the second and address of the second and address of the second address of the second address of the second and address of the second addr
complete. Lam fully aware that any microprocontation of any info	and all additional or supplemental documentation is true, factual and rmation on this application may be grounds for denial or revocation. I
have familiarized myself with the rules regulations and procedure	es with respect to preparing and filing this application. I also understand
that an incorrect submittal may delay review, and that any approv	Al 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 varify 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 passesses.
materials to allow a complete review and reasonable determination	On 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
are a right or obligation transforable by sole. I asknowled by the	restand that such conditions shall apply to the subject property only and
a result of subdivision plat notes deed restrictions or restrictive of	I understand the implications of use or development restrictions that are 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 n	estrictions, or restrictive covenants, it will be my responsibility to resolve
any conflict. I hereby give permission to El Paso County, and ap	plicable review agencies, to enter on the above described proporty with
Of Without hotice for the purposes of reviewing this development at	Oblication and enforcing the provisions of the LDC Legron to at all times
maintain proper facilities and safe access for inspection of the pro-	perty by El Paso County while this application is pending.
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Owner (s) Signature:	Date: June 24, 2017
V212 99	
Owner (s) Signature:	Signed Date: SEPTEMBER 5, 2017
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Applicant (s) Signature:	Date: