

Planning and Community Development Department

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

Application Form

Please check the applicable application type (Note: each request requires completion of a separate application form):	PROPERTY INFORMATION: Provide in and the proposed development. An necessary.	
 ☐ Administrative Determination ☐ Administrative Relief ☐ Appeal ☐ Approval of Location ☐ Billboard Credit 	Property Address(es):	
 □ Board of Adjustment – Dimensional Variance □ Certificate of Designation □ Combination of Contiguous Parcels by Boundary Line Adjustment 	Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:
☐ Construction Drawings ☐ Condominium Plat ☐ Crystal Park Plat ☐ Development Agreement ☐ Fasts Conding Parsent	Existing Land Use/Development:	
 ☐ Early Grading Request ☐ Final Plat ☐ Maintenance Agreement ☐ Merger by Contiguity ☐ Townhome Plat 	Existing Zoning District:	Proposed Zoning District (if applicable):
 ☐ Planned Unit Development ☐ Preliminary Plan ☐ Rezoning ☐ Road Disclaimer ☐ Road or Facility Acceptance 	PROPERTY OWNER INFORMATION: Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional sheets if there are multiple property owners.	
 ☐ Site Development Plan ☐ Sketch Plan ☐ Solid Waste Disposal Site/Facility ☐ Special District ☐ Special Use 	Name (Individual or Organization): Mailing Address:	
□ Subdivision Exemption □ Subdivision Improvement Agreement □ Variance of Use	Daytime Telephone:	
□ WSEO □ Other:		
This application form shall be accompanied by all required support materials.	Email or Alternative Contact Inform	nation:
SCRIPTION OF THE REQUEST: (attach additional sheet	's if necessary):	



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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:	
Daytime Telephone:	Email or Alternative Contact Information:
AUTHORIZED REPRESENTATIVE(s): Indicate the person(s) authorianditional sheets if necessary).	Ized to represent the property owner and/or applicants (attach
Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Email or Alternative Contact Information:
application. I also understand that an incorrect submittal may of the representations made in the application and may be revoked verify that I am submitting all of the required materials as part of acknowledge that failure to submit all of the necessary materials conformance with the County's rules, regulations and ordinance the length of time needed to review the project. I hereby agree to County. I understand that such conditions shall apply to the subsale. I acknowledge that I understand the implications of use or notes, deed restrictions, or restrictive covenants. I agree that if Paso County due to subdivision plat notes, deed restrictions, or conflict. I hereby give permission to El Paso County, and applications of without notice for the purposes of reviewing this develop	on and all additional or supplemental documentation is true, ion of any information on this application may be grounds for egulations and procedures with respect to preparing and filing the delay review, and that any approval of this application is based or ed on any breach of representation or condition(s) of approval. I of this application and as appropriate to this project, and I are to allow a complete review and reasonable determination of these may result in my application not being accepted or may extend to abide by all conditions of any approvals granted by El Paso bject property only and are a right or obligation transferable by development restrictions that are a result of subdivision plat a conflict should result from the request I am submitting to El
Owner (s) Signature:	Date:
Owner (s) Signature:	Date:

Applicant (s) Signature: