

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 ☐ Certification of Designation	SE corner of Bradley Road & Powers Boulevard		
☐ Const. Drawings, Minor or Major	Tax ID/Parcel Numbers(s) Parcel size	e(s) in Acres:	
☐ Development Agreement☐ Final Plat, Minor or Major☐ Final Plat, Amendment☐	5500000413 28.3 ac		
☐ Minor Subdivision	Existing Land Use/Development: Zoning Dis	trict:	
☐ Planned Unit Dev. Amendment, Major ☑ Preliminary Plan, Major or Minor	Vacant		
☐ Rezoning ☐ Road Disclaimer ☐ SIA, Modification ☐ Sketch Plan, Major or Minor ☐ Sketch Plan, Revision ☐ Solid Waste Disposal Site/Facility ☐ Special District Special Use ☐ Major ☐ Minor, Admin or Renewal ☐ Subdivision Exception Vacation ☐ Plat Vacation with ROW ☐ Vacation of ROW Variances	 □ 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. Attach additional sheets if there are multiple property owners. 		
□ Major □ Minor (2 nd Dwelling or Renewal)	Name (Individual or Organization): CPR Entitlements, LLC		
☐ Tower, Renewal	Mailing Address:		
☐ Vested Rights ☐ Waiver or Deviation ☐ Waiver of Subdivision Regulations	31 N. Tejon St., Suite 500, Colorado Springs, CO 80903		
☐ WSEO	Daytime Telephone: Fax:		
□ Other:	719-377-0244		
	Email or Alternative Contact Information:	.1	
This application form shall be accompanied by all required support materials.	hli.pak7@gmail.com		
For PCD Office Use	Description of the request: (submit additional	sheets if necessary):	
Date: File:	Preliminary Plan for Parcels P-17 and P-18 of the Wa	terview Sketch Plan.	
Rec'd By: Receipt #:	Preliminary Plan to include 713 single family lots on Parcel P-18 and 28.3 acres of commercial on Parcel P-17 in accordance with CS and RS-5000 zoning.		
DSD File #:			



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 app (Note: each request r separate application	olicable application type equires completion of a form):	PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attached additional sheets if necessary.			
	, and the second		roperty Address(es):		
☐ Appeal☐ Approval of Location☐					
☐ Board of Adjustment		S	SE corner of Bradley Road & F	Powers Boulevard	
☐ Certification of Design	nation		*		
☐ Const. Drawings, Min		Ta	ax ID/Parcel Numbers(s)	Parcel size(s) in Acres:	
☐ Development Agreem		5	500000412	100.0	
☐ Final Plat, Minor or M		٦	300000412	166.9 acres	
☐ Final Plat, Amendmer	it	E	kisting Land Use/Development:	Zoning District	
☐ Minor Subdivision		-/	disting Land Ose/Development.	Zoning District:	
☐ Planned Unit Dev. Am Major	lenament,	V	/acant	RS-5000	
☑ Preliminary Plan, Majo	or or Minor			110 0000	
☐ Rezoning					
☐ Road Disclaimer	-		Check this boy if Administrati	ve Relief is being requested in	
☐ SIA, Modification			association with this applicatio	n and attach a completed	
☐ Sketch Plan, Major or	Minor		Administrative Relief request for	orm	
☐ Sketch Plan, Revision	24.54=5.444	abla			
☐ Solid Waste Disposal : ☐ Special District	Site/Facility	☐ Check this box if any Waivers are being requested in association with this application for development and attach a completed		nment and attach a completed	
Special Use	1.		Waiver request form.	prilent and attach a completed	
□ Major			vidiver request form.		
☐ Minor, Admin or F	Renewal				
☐ Subdivision Exception	eption PROPERTY OWNER INFORMATION: Indicate the person(s) or				
Vacation	POW	organization(s) who own the property proposed for development.			
☐ Plat Vacation with ROW☐ Vacation of ROW☐		Atta	ach additional sheets if there are	multiple property owners.	
Variances		N	ana (ladicidual a Occasion)		
□ Major			Name (Individual or Organization): COLA, LLC		
☐ Minor (2 nd Dwellin	g or	"	OLA, LLC		
Renewal)			In the second second		
☐ Tower, Renewal☐ Vested Rights	_		Mailing Address:		
☐ Waiver or Deviation		3	555 Middle Creek Parkway, Suite 380, Colorado Springs, CO 80921		
☐ Waiver of Subdivision I	Regulations	_	- C - T 1	-	
□ WSEO	3	D	aytime Telephone:	Fax:	
		7	19-382-9433		
□ Other:		-			
T		E	mail or Alternative Contact Information	on:	
This application form shall be accompanied by all required support materials.		k	khart@aspenviewhomes.net		
all required support illa	teriais.				
For PCD	Office Use:	Dos	estintion of the request: (auto	mit additional abouts if naccessary.	
AND THE RESERVE TO SHARE THE RESERVE THE RESERVE TO SHARE THE RESERVE THE RESERVE THE RESERVE TO SHARE THE RESERVE TH	The Table of the State of the	_		mit additional sheets if necessary):	
Date:	File:		liminary Plan for Parcels P-17 and F		
		Pre	miniminary Plan to include 713 single for	amily lots on Parcel P-18 and 28.3 acres	
Rec'd By: Receipt #:		1 1010	of commercial on Parcel P-17 in accordance with CS and RS-5000 zoning.		
.5					
DSD File #:					
DOD I IIE #.					
		L			



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)	in different trials the property owner(s) (attach additional sneets)			
Name (Individual or Organization): CPR Entitlements, LLC				
Mailing Address: 31 N Tejon St. #500, Colorado Springs, CO 80903				
Daytime Telephone: 719-377-0244	Fax:			
Email or Alternative Contact Information:				
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): CPR Entitlements, LLC				
Mailing Address: 31 N Tejon St. # 500, Colorado Springs	, CO 80903			
Daytime Telephone: 719-377-0244	Fax:			
Email or Alternative Contact Information: hli.pak7@gmail.com				
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 accommodified to process 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 o 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 co submitting to El Paso County due to subdivision plat notes, deed restrictions. I hereby give permission to El Paso County, and apple	and all additional or supplemental documentation is true, factual and mation on this application may be grounds for denial or revocation. I with respect to preparing and filing this application. I also understand I of this application is based on the representations made in the recondition(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 yenants. I agree that if a conflict should result from the request I am strictions, or restrictive covenants, it will be my responsibility to resolve icable review agencies, to enter on the above described property with dication and enforcing the provisions of the LDC. I agree to at all times the entry by El Paso County while this application is pending. Date: Date: Date: Date: Date:			