



**Planning and Community Development Department**

2880 International Circle, Colorado Springs, CO 80910 Phone

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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): Glenn Brooke - DDD Services	
Mailing Address: PO Box 77162, Colorado Springs, CO 80970	
Daytime Telephone: (719)637-0522	Fax:
Email or Alternative Contact Information: dddservice@aol.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): Glenn Brooke	
Mailing Address: PO Box 77162, Colorado Springs, CO 80970	
Daytime Telephone: (719)637-0522	Fax:
Email or Alternative Contact Information: dddservice@aol.com	

**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: [Signature]

Owner (s) Signature: [Signature]

Applicant (s) Signature: Glenn Brooke

Date: 2-29-24

Date: 2 24 24

Date: 02/02/24