

## 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)**

	icable confication type		(V180864M)	
Please check the appli (Note: each request re		PROPERTY INFORMATION: Provi	de information to identify properties and	
separate application for		the proposed development. At	tached additional sheets if necessary.	
Separate application form).		Property Address(es):		
□ Appeal		Property Address(es).		
☐ Approval of Location		20310 Black Forest Road		
☐ Board of Adjustment				
☐ Certification of Designation	ation	Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:	
☐ Const. Drawings, Mino	r or Major	Tax ID/Farcer (vullibers(s)	1 41001 0120(0) 1117 10100.	
☐ Development Agreement		51000-00-323	38.02	
☐ Final Plat, Minor or Major		01000 00 025		
☐ Final Plat, Amendment		Existing Land Use/Development:	Zoning District:	
☑ Minor Subdivision		Existing Land Ose/Development.	25/mg District.	
☐ Planned Unit Dev. Amendment,		Residential	RR-5	
Major		Nesideridai	inchesimos o lashvoot angli	
☐ Preliminary Plan, Major or Minor			22(78.2)(0)(4	
☐ 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 requ		
☐ Sketch Plan, Revision		☐ Check this box if any <b>Waivers</b> are being requested in association with this application for development and attach a completed		
☐ Solid Waste Disposal Site/Facility				
☐ Special District Special Use		Waiver request form.		
☐ Major				
☐ 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 ther	re are multiple property owners.	
☐ Vacation of ROW			toene e receso adt as acerea adt criman	
Variances		Name (Individual or Organization):		
☐ Major		See Attached		
☐ Minor (2 <sup>nd</sup> Dwelling or		J Gee / Milaonea	See Attaclied	
Renewal)		Mailing Address:		
☐ Tower, Renewal		maning y laurece.	initialing Addicess.	
☐ Vested Rights ☐ Waiver or Deviation				
☐ Waiver of Subdivision Regulations			is the Leave and the rest we suspected the decen	
□ WSEO	Regulations	Daytime Telephone:	Fax:	
L WOLO			afoscore proped for noting liggs you nittleest years	
□ Other:			Fig. 10 Section with the Section of the Section Sectio	
		Email or Alternative Contact Information:		
This application form:	shall be accompanied by		a result of subdivision plat notes, deed resind	
all required support m	aterials.		submitting to ETP assiduanty doe to subdivision	
For PCD	Office Use:	Description of the request:	(submit additional sheets if necessary):	
Date: File :		4 Let Miner Subdivision		
Dale.	ole()	4 Lot Minor Subdivision	Owner (s) Signature	
Property Control (Control Control Cont	MAN IN THE CONTROL OF THE PROPERTY OF THE PROP			
Rec'd By:	Receipt #:		Owner (3) Signature:	
DSD File #:			Applicarists) Signature	
DOD FIRE #.		the contract of the contract o	are a responsible of the Management and the second of the	

To: Nina Ruiz, Planner II
El Paso County Colorado
Planning and Community Development Dept.
2880 International Circle Suite 110
Colorado Springs, Colorado 80910-3127

RE: Property Owner List Hudson Minor Subdivision Hannigan Job #16-027

## Owners:

- 1.) Gregory Joseph Hudson and Sheri Lynn Hudson 20310 Black Forest Road Colorado Springs, Co. 80908 ghuds777@gmail.com 719-339-9397
- 2.) Jonathan Ronald Hudson and Marcy Lyn Hudson 18015 Woodhaven Drive Colorado Springs, Co. 80908 mlhudson4@hotmail.com 951-236-2765



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	n if different than the property owner(s) (attach additional sheets if			
necessary)  Name (Individual or Organization):	STATESONO STATESONO STATES AND ST			
Jerome W. Hannigan a	nd associates, Inc.			
Mailing Address: 19360 Spring Valley Road, Monument	, Co. 80132			
Daytime Telephone: 719-481-8292	Fax: 719-481-9071			
Email or Alternative Contact Information:	CT Coverce to Agreement Agreement ST 1000-00-3			
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):  Jerome W. Hannigan a	nd Associates, Inc			
Mailing Address: 19360 Spring Valley Road, Monument, Co. 80132				
Daytime Telephone: 719-481-8292	Fax: 719-481-9071			
Email or Alternative Contact Information: hannigan.and.asso	oc@gmail.com			
Authorization for Owner's Applicant(s)/Representative(s): An owner signature is not required to process a Type A or B Devowner or an authorized representative where the application is a naming the person as the owner's agent	elopment Application. An owner's signature may only be executed by the occompanied by a completed Authority to Represent/Owner's Affidavit			
complete. I am fully aware that any misrepresentation of any infinance familiarized myself with the rules, regulations and procedu that an incorrect submittal may delay review, and that any approapplication and may be revoked on any breach of representation required materials as part of this application and as appropriate to materials to allow a complete review and reasonable determinating may result in my application not being accepted or may extend the all conditions of any approvals granted by El Paso County. I under a right or obligation transferable by sale. I acknowledge that a result of subdivision plat notes, deed restrictions, or restrictive submitting to El Paso County due to subdivision plat notes, deed any conflict. I hereby give permission to El Paso County, and a	and all additional or supplemental documentation is true, factual and ormation on this application may be grounds for denial or revocation. I res with respect to preparing and filing this application. I also understand aval of this application is based on the representations made in the or condition(s) of approval. I verify that I am submitting all of the or this project, and I acknowledge that failure to submit all of the necessary ion of conformance with the County's rules, regulations and ordinances are length of time needed to review the project. I hereby agree to abide by derstand that such conditions shall apply to the subject property only and it 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 restrictions, or restrictive covenants, it will be my responsibility to resolve pplicable review agencies, to enter on the above described property with application and enforcing the provisions of the LDC. I agree to at all times reperty by El Paso County while this application is pending.			
Owner (s) Signature:	Date:			
Owner (s) Signature:	Date:			
Applicant (s) Signature: J. W. Hanne	Date: 02-26-2018			