



COLORADO
Behavioral Health
Administration

Licensing and Designation Zoning Requirement Form

ZONING DEPARTMENT - Zoning Use Confirmation - Sign off for Local Authorities

SECTION A: TO BE COMPLETED BY THE APPLICANT

PURPOSE OF THE APPLICATION: ☒ Initial Application ☐ Modification (Move location or add a site)
☐ Renewal Application

Type of Behavioral Health Entity (BHE) licensed services: ☒ Mental Health ☐ Substance Use Disorder

Type of behavioral health levels of care being provided: ☒ Residential / Transitional Living ☐ Day Treatment/PHP ☐ Outpatient
☐ Inpatient Psychiatric/Withdrawal Management

SECTION B: TO BE COMPLETED BY THE APPLICANT – PHYSICAL SITE LOCATION

Current Name of Agency: Colorado Springs Mental Health LLC

Address: 6720 Jicarilla Drive

City: Colorado Springs Zip: 80908 County: El Paso

Name of Contact Person for any questions: Danielle Morgan

Phone: 9258950593 Fax: Email: daniellem@quickstarthealth.com

SECTION C: TO BE COMPLETED BY THE CITY/COUNTY ZONING DEPARTMENT

(this section must be filled out by the proper authority to be considered a valid document)

Zoning Department having jurisdiction: _____

The above named facility meets the requirements of the local authority having jurisdiction for the occupancy based on work outlined above. (If “no”, please explain on a separate attachment) ☒ YES ☐ NO

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____ City: _____ Zip: _____