

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 C Application Form (1-2B)

19750			-		-					
	Please check the applic (Note: each request rec		<u>F</u>	PROPERTY INFORMATION: Provide information to identify properties and						
	separate application for		tl	the proposed development. Attached additional sheets if necessary.						
	☐ Administrative Relief	•		Property Address(es):						
		☐ Certificate of Designation, Minor☐ Site Development Plan, Major		840 North Gate Blvd, Colorado Springs, CO 80921						
	☑ Site Development Plan,			Toy ID/Devent Numbers (a)		D				
	 ☐ CMRS Co-Location Agr ☐ Condominium Plat 	eement		Tax ID/Parcel Numbers(s)		Parcel size(s) in A	cres:			
	☐ Crystal Park Plat			6205000019		9.88				
	☐ Early Grading Request	associated with a								
	Preliminary Plan ☐ Maintenance Agreemen	.4		Existing Land Use/Development:		Zoning District:				
	☐ Minor PUD Amendment			Church			1			
	☐ Resubmittal of Applicati			Church						
	□ Road or Facility Accepta	ance, Preliminary								
	☐ Road or Facility Accepta	ance, Final		Check this box if Administrati	ive R	Relief is being req	uested in			
		☐ Townhome Plat Administrative Special Use (mark one)		association with this application and attach a completed						
				Administrative Relief request form.						
☐ Extended Family Dwelling ☐ Temporary Mining or Batch Plant			☐ Check this box if any Waivers are being requested in association							
	☐ Oil and/or Gas Ope			with this application for develo	pme	nt and attach a co	mpleted			
	☐ Rural Home Occup			Waiver request form.						
	☐ Tower Renewal		<u>P</u>	PROPERTY OWNER INFORMATION: I	Indic	ate the person(s)	or			
	□ Other			organization(s) who own the property proposed for development. Attached additional sheets if there are multiple property owners.						
	Construction Drawing Review and Permits (mark one) ☐ Approved Construction Drawing		A	attached additional sheets if there	e are	multiple property	owners.			
	Amendment	ction Drawing		Name (Individual or Organization):						
	☐ Review of Construction	ction Drawings		Crossroads Chapel SBC	ass	sessors office s	savs			
	☐ Construction Permi	it		Olossidads Oliapei OBC		only 9 acres.				
	☐ Major Final Plat ☐ Minor Subdivision	with		Mailing Address:		,				
☐ Minor Subdivision with Improvements		witti		840 North Gate Blvd, Colorado Springs, CO 80921						
		☐ Site Development Plan, Major		040 North Gate Bivd, Colorado Springs, CO 80921						
	☐ Site Development F			Daytime Telephone:		Fax:				
	☐ Early Grading or G	rading		719.495.3200	1	V/A	fill in the	his box		
	Minor Vacations (mark one)			Email or Alternative Contact Inform						
☐ Vacation of Interior Lot Line(s) ☐ Utility, Drainage, or Sidewalk Easements										
		office@crossroadsSBC.com								
	□ Sight Visibility		L							
j	☐ View Corridor									
	□ Other:	Addition of a 55' X 65' 2		escription of the request: (at	tach	additional sheets	if necess	ary):		
				Addition of a 55' X 65' 2 story building with a hallway to						
This application form shall be accompanied by all required support materials.			connect to exisitng Sprung buildings on property with less							
			than 1 acre of disturbance.							
			<u>ַ</u> יוֹ	unan racie di disturbance,						
	For PCD (Office Use:								
	Date:	File:]							
F	Rec'd By:	Receipt #:	1							



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<u>APPLICANT(s):</u> Indicate person(s) submitting the application necessary).	f different than the property	owner(s) (attach additional sheets if						
Name (Individual or Organization):								
Mailing Address:								
Daytime Telephone:	Fax:							
Fig. 11 All 11 O 1 1 1 1								
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):								
DL Mitchell, Senior Elder								
Mailing Address:								
840 N Gate Blvd, Colorado Springs, CO 80921								
Daytime Telephone: 719.495.3200	Fax:							
to the to the state of the stat	N/A							
Email or Alternative Contact Information:								
dlpastor@comcast.net								
AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S):								
An owner signature is not required to process a Type A or B Development Application. An owner's signature may only be executed by the								
owner or an authorized representative where the application is accompanied by a completed Authority to Represent/Owner's Affidavit naming the person as the owner's agent								
OWNER/APPLICANT AUTHORIZATION:								
To the best of my knowledge, the information on this application and	d all additional or supplementa	I 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.								
A A A A A A A A A A A A A A A A A A A		is application is pending.						
Owner (s) Signature:	Date:	Vct 19, 2020						
Owner (s) Signature:	Date:	· •						
Applicant (s) Signature: Eugenia Lunchard	Date:	10/19/2020						