

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):		<u>PROPERTY INFORMATION</u> : Provide information to identify properties and the proposed development. Attached additional sheets if necessary.		
		Property Address(es):		
□ Appeal □ Approval of Location □ Board of Adjustment		11750 OWL PL, 11690 OWL PL & 11685 OWL PL		
☐ Certification of Design	ation			
☐ Const. Drawings, Mine		Tax ID/Parcel Numbers(s)	Parcel size(s) in Acres:	
☐ Development Agreement		5301001001, 5301001002	E201001001 (4 61 AC) E201001000 (F AC)	
☐ Final Plat, Minor or Major		& 5301001014	5301001001 (4.61 AC) , 5301001002 (5 AC) & 5301001014 (5 AC)	
☐ Final Plat, Amendment			a 555 155 15 14 (5 A5)	
☐ Minor Subdivision		Existing Land Use/Development:	Zoning District:	
☐ Planned Unit Dev. Amendment, Major		Vacant/Garage/Mobile Homes	Existing: RR-5 Proposed: CS	
☐ Preliminary Plan, Major or Minor				
☑ Rezoning				
□ Road Disclaimer		 Check this box if Administrative Relief is being requested in association with this application and attach a completed Administrative Relief request form. 		
☐ SIA, Modification				
☐ Sketch Plan, Major or Minor				
☐ Sketch Plan, Revision				
☐ Solid Waste Disposal Site/Facility		 Check this box if any Waivers are being requested in association 		
☐ Special District		with this application for development and attach a completed		
Special Use		Waiver request form.		
☐ Major	DI			
☐ Minor, Admin or Renewal		PROPERTY OWNER INFORMATION: Indicate the person(s) or		
☐ Subdivision Exception Vacation		organization(s) who own the property proposed for development.		
☐ Plat Vacation with ROW		Attach additional sheets if there are multiple property owners.		
☐ Vacation of ROW	1	Attach additional sheets if there are	multiple property owners.	
Variances		Name (Individual or Organization):		
☐ Major				
☐ Minor (2 nd Dwelling or Renewal)		Mike D Texer Meridian Storage, LLC		
☐ Tower, Renewal		Mailing Address:		
□ Vested Rights		6785 HORSESHOE RD COLORADO SPRINGS CO, 80923		
☐ Waiver or Deviation				
☐ Waiver of Subdivision Regulations ☐ WSEO		Daytime Telephone:	Fax:	
□ Other:				
		Email or Alternative Contact Information:		
This application form shall be accompanied by all required support materials.		GrantDennis@gallowayus.com		
A 1507				
	Office Use:	Description of the request: (sub-		
Date:	File:	A request for approval of a map amendment (rezoning) of all 14.61 acres from RR5 (Residential Rural) to CS (Commercial		
Rec'd By: Receipt #:		Service).		
OSD File #:				
		Legal description		
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APPLICANT(s): Indicate person(s) submitting the application if different than the property owner(s) (attach additional sheets if necessary)

necessary)				
Name (Individual or Organization): Mike D Texer Meridian Storage, LLC				
Mailing Address: 6785 HORSESHOE RD COLORADO SPRINGS CO, 80923				
Daytime Telephone:	Fax:			
Email or Alternative Contact Information:				
GrantDennis@gallov	vayus.com			
<u>AUTHORIZED REPRESENTATIVE(s):</u> Indicate the person(s) au (attach additional sheets if necessary).	thorized to represent the property owner and/or applicants			
Name (Individual or Organization): Galloway & Company, Inc				
Mailing Address: 1155 Kelly Johnson Blvd. Suite 305, Colorado Springs, CO 80920				
Daytime Telephone: 719-900-7220	Fax:			
Email or Alternative Contact Information: GrantDennis@gallowayus.com				
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				
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 or 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 unders are a right or obligation transferable by sale. I acknowledge that I is a result of subdivision plat notes, deed restrictions, or restrictive constanting to El Paso County due to subdivision plat notes, deed reary conflict. I hereby give permission to El Paso County, and applior without notice for the purposes of reviewing this development approximation proper facilities and safe access for inspection of the property.	r condition(s) of approval. I verify that I am submitting all of the nis 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 even ants. I agree that if a conflict should result from the request I am strictions, or restrictive covenants, it will be my responsibility to resolve licable review agencies, to enter on the above described property with plication and enforcing the provisions of the LDC. I agree to at all times perty by El Paso County while this application is pending.			
Owner (s) Signature:	Date: 19/21/22			
Owner (s) Signature:	Date:			
Applicant (s) Signature:	Date:			