



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):

- ☐ Appeal
- ☐ Approval of Location
- ☐ Board of Adjustment
- ☐ Certification of Designation
- ☐ Const. Drawings, Minor or Major
- ☐ Development Agreement
- ☒ Final Plat, Minor or Major
- ☒ Final Plat, Amendment
- ☐ Minor Subdivision
- ☐ Planned Unit Dev. Amendment,
Major
- ☐ Preliminary Plan, Major or Minor
- ☐ Rezoning
- ☐ Road Disclaimer
- ☐ SIA, Modification
- ☐ Sketch Plan, Major or Minor
- ☐ Sketch Plan, Revision
- ☐ Solid Waste Disposal Site/Facility
- ☐ Special District
- Special Use**
 - ☐ Major
 - ☐ Minor, Admin or Renewal
- ☐ Subdivision Exception
- Vacation**
 - ☐ Plat Vacation with ROW
 - ☐ Vacation of ROW
- Variances**
 - ☐ Major
 - ☐ Minor (2nd Dwelling or
Renewal)
 - ☐ Tower, Renewal
- ☐ Vested Rights
- ☐ Waiver or Deviation
- ☐ Waiver of Subdivision Regulations
- ☐ WSEO
- ☐ Other: _____

This application form shall be accompanied by
all required support materials.

PROPERTY INFORMATION: Provide information to identify properties and
the proposed development. Attached additional sheets if necessary.

Property Address(es): 19925 & 20045 Joyful View	
Tax ID/Parcel Numbers(s) 3300000466, 3300000467	Parcel size(s) in Acres: 70.18 ac
Existing Land Use/Development: Vacant	Zoning District: RR-5

- ☐ Check this box if **Administrative Relief** is being requested in
association with this application and attach a completed
Administrative Relief request form.
- ☐ Check this box if any **Waivers** are being requested in association
with this application for development and attach a completed
Waiver request form.

PROPERTY OWNER INFORMATION: Indicate the person(s) or
organization(s) who own the property proposed for development.
Attach additional sheets if there are multiple property owners.

Name (Individual or Organization): OGC RE2 LLC	
Mailing Address: PO Box 1385, Colorado Springs, CO 80901	
Daytime Telephone: 719-445-5050	Fax:
Email or Alternative Contact Information: info@theoneilgroupco.com	

For PCD Office Use:

Date:	File :
Rec'd By:	Receipt #:
DSD File #:	

Description of the request: (submit additional sheets if necessary):

Preliminary/final plat for 9 lots



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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): Vertex Consulting Services	
Mailing Address: 455 E Pikes Peak Ave, Ste 101, Colorado Springs, CO 80903	
Daytime Telephone: 719-733-8606	Fax:
Email or Alternative Contact Information: nina.ruiz@vertexcoss.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):	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternative Contact Information:	

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 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: _____

Date: 9/15/2022

Owner (s) Signature: _____

Date: _____

Applicant (s) Signature: _____

Date: _____

**COLORADO
GENERAL POWER OF ATTORNEY FORM**

I. NOTICE - This legal document grants you (Hereinafter referred to as the "Principal") the right to transfer limited powers to someone else (Hereinafter referred to as the "Attorney-in-Fact"), limited powers are described as: **signature authority for all land development applications and associated documents pertaining to parcel numbers 4200000399, 4300000553, 4300000552, 4300000548, 3300000537, 3300000536.** The Principal's transfer of powers to the Attorney-in-Fact are granted upon authorization of this agreement, and **DO NOT** stay in effect in the event of incapacitation by the Principal (incapacitation is described in Paragraph II). This agreement does not authorize the Attorney-in-Fact to make medical decisions for the Principal. The Principal continues to retain every right to all their decision making power and may revoke this General Power of Attorney Form at anytime. The Principal may include restrictions or requests pertaining to the decision making power of the Attorney-in-Fact. It is the intent of the Attorney-in-Fact to act in the Principal's wishes put forth, or, to make decisions that fit the Principal's best interest. All parties authorizing this agreement must be at least 18 years of age and acting under no false pressures or outside influences. Upon authorization of this General Power of Attorney Form, it will revoke any previously valid General Power of Attorney Form.

II. INCAPACITATION - The powers granted to the Attorney-in-Fact by the Principal in this General Power of Attorney Form **DO NOT** stay in effect upon incapacitation by the Principal, incapacitation is describes as: **A medical physician stating verbally or in writing that the Principal can no longer make decisions for them self.**

III. REVOCATION - The Principal has the right to revoke this General Power of Attorney Form at anytime. Any revocation will be effective if the Principal either:

- A. Authorizes a new General Power of Attorney Form.
- B. Authorizes a Power of Attorney Revocation Form.

IV. NOTARY - This document is not valid as a General Power of Attorney unless it is acknowledged before a notary public who acknowledges the Principal's signature.

VIII. THIRD PARTIES - I, the Principal, agree that any third party receiving a copy via: physical copy, email, or fax that I, the Principal, will indemnify and hold harmless any and all claims that may be put forth in reference to this Durable Power of Attorney Form.

IX. COMPENSATION - The Attorney-in-Fact agrees not to be compensated for acting in the presence of the Principal in addition to his current salary as President of Vertex Consulting Services.


X. DISCLOSURE - I intend for my attorney-in-fact under this Power of Attorney to be treated, as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164

XI. PRINCIPAL'S SIGNATURE - I, Kevin O'Neil, the Principal,
Printed Name of Principal

sign my name to this power of attorney this 6th day of
Day

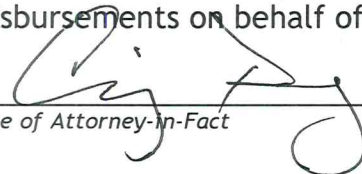
September and, being first duly sworn, do declare to the
Month

undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.


Signature of Principal

XII. ATTORNEY-IN-FACT'S SIGNATURE - I, Craig Dossey
Name of Attorney-in-Fact

have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge and accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

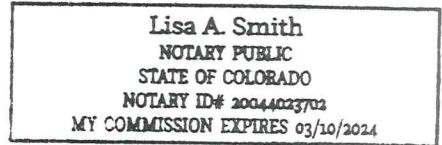

Signature of Attorney-in-Fact

9/7/2022
Date

Notary Acknowledgement

State of Colorado County of El Paso County Subscribed,
Sworn and acknowledged before me by Kevin O'Neil, the
Principal, and subscribed and sworn to before me by Craig Dossey,
witness, this 7th day of September 2022.

Lisa A. Smith
Notary Signature



Notary Public

In and for the County of El Paso

State of Colorado

My commission expires: 3/10/2024 Seal

Acknowledgement and Acceptance of Appointment as Attorney-in-Fact

I, Craig Dossey have read the attached power of attorney
Name of Attorney-in-Fact

and am the person identified as the attorney-in-fact for the principal. I hereby
acknowledge that accept my appointment as Attorney-in-Fact and that when I
act as agent I shall exercise the powers for the benefit of the principal; I shall
keep the assets of the principal separate from my assets; I shall exercise
reasonable caution and prudence; and I shall keep a full and accurate of all
actions, receipts and disbursements on behalf of the principal.

Craig Dossey
Signature of Attorney-in-Fact

9/7/2022
Date