

## REVIEW AGENCY REFERRAL FORM

**TELLER COUNTY PLANNING DEPARTMENT**

P.O. Box 1886 - Woodland Park, CO 80866

(719) 687-3048 - FAX: (719) 687-5256

Date Sent: May 31, 2016

**REQUEST RETURN DATE: July 1, 2016**

FILE NUMBER/S	PROJECT NAME/S	TYPE OF APPLICATION/S
Z16-0025	CAMP AND RETREATS TEXT	TEXT AMENDMENT
Staff Planner: DAN WILLIAMS- TELLER PLANNER		Phone: (719) 686-5414
Applicant: CAMP AND RETREAT SANBORN WESTERN CAMPS		Phone: 719-634-2384
Contact Person: STAFF PLANNER		Phone: 719-687-3048
Location: N/A		
APPLICATION SUMMARY: AMENDMENTS TO THE TELLER COUNTY LAND USE REGULATIONS		

The Teller County Community Development Department has received the above land use request/s. Your comments are an important part of the evaluation process. In order to review all appropriate agency comments and incorporate them into the Staff evaluation and report, we request your response by **JULY 1, 2016** or *we will assume you approve the file as submitted.*

TELLER COUNTY	Plats	ALL Application Documents	Construction Drawings	Other
ATTORNEY		1		
DIVIDE PLANNING COMMITTEE		/		
4 MILE PLANNING REGION		/		

# LAND USE APPLICATION FORM

Teller County Community Development Services  
Post Office Box 1886 • Woodland Park, CO 80866  
(719) 687-3048 • FAX: (719) 687-5256

TYPE OF APPLICATION (CHECK ONE)	
<input type="checkbox"/> Amended Final Plat <input type="checkbox"/> Amendment to Official Zone Map (Rezone) <input type="checkbox"/> Combined Sketch/Preliminary (/Subdivision) <input type="checkbox"/> Combined Sketch/Preliminary (PUD) <input type="checkbox"/> Final Plat <input type="checkbox"/> Interior Lot Line Vacation <input type="checkbox"/> Location & Extent <input type="checkbox"/> Minor Infill Subdivision <input type="checkbox"/> Preliminary Plan (Subdivision) <input type="checkbox"/> PUD (Sketch or Preliminary) <input type="checkbox"/> Sketch Plan (Subdivision) <input type="checkbox"/> Zoning Variance	<input type="checkbox"/> Special District <input type="checkbox"/> Special Exemption Plat <input type="checkbox"/> Special Review Use Permit: <input type="checkbox"/> Conditional Use for _____  <input type="checkbox"/> Special Use for _____  <input type="checkbox"/> 1041 <input type="checkbox"/> Other: LUR Text Amendment

**PROJECT NAME:** Amendment to Section 1.13 of the Teller County LUR

**APPLICATION FEE AMOUNT** (must be attached): \$630.00

PROPERTY OWNER (please print)
<b>IF MORE THAN ONE PROPERTY OWNER, ALL PROPERTY OWNERS MUST BE LISTED (attach list)</b>
Name: <u>N/A - No Specific Property Involved</u>
Mailing Address: _____
Phone: Office: _____ Home: _____
Fax: _____ Email: _____
<input type="checkbox"/> (1) TITLE COMMITMENT, TITLE GUARANTEE, TITLE COMPANY OWNERSHIP & ENCUMBRANCE REPORT, OR ATTORNEY'S TITLE OPINION; OR
<input type="checkbox"/> DEED(S) as required

- ADJACENT PROPERTY OWNERS LIST** names & addresses
  - ADJACENT PROPERTY OWNERS MAILING LABELS**
  - MINERALS INTEREST FORM AND LIST** as required
  - SPECIFIC APPLICATION SUBMITTAL MATERIALS**
- N/A - No Specific Property Involved

APPLICANT- IF DIFFERENT FROM PROPERTY OWNER (please print)
Name: <u>Sanborn Western Camps</u>
Mailing Address: <u>PO Box 167, Florissant, CO 80816</u>
Phone: Office: <u>719-748-3341</u> Home: _____
Fax: _____ Email: _____
<input type="checkbox"/> <b>WRITTEN, NOTARIZED, AUTHORIZATION AND CONSENT FROM ALL PROPERTY OWNERS FOR AUTHORIZED AGENT TO ACT ON THEIR BEHALF</b>

**AUTHORIZED AGENT - IF DIFFERENT FROM PROPERTY OWNER** (please print)

Name: NES Inc. (Andrea Barlow)

Mailing Address: 619 North Cascade Avenue, Suite 200, Colorado Springs, CO 80903

Phone: Office: 719-471-0073 Home: \_\_\_\_\_

Fax: 719-471-0267 Email: abarlow@nescolorado.com

WRITTEN, NOTARIZED, AUTHORIZATION AND CONSENT FROM ALL PROPERTY OWNERS FOR AUTHORIZED AGENT TO ACT ON THEIR BEHALF

**NOTE: ALL CORRESPONDENCE REGARDING THIS APPLICATION WILL BE ADDRESSED TO THE AUTHORIZED AGENT/REPRESENTATIVE UNLESS OTHERWISE REQUESTED.**

**SURVEYOR** (please print)

Name: N/A

Mailing Address: \_\_\_\_\_

Phone: Office: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**ENGINEER** (please print)

Name: N/A

Mailing Address: \_\_\_\_\_

Phone: Office: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY INFORMATION**

**Legal Description of Property:** N/A - No Specific Property Involved

If Subdivision, name: \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Filing \_\_\_\_\_ Tract \_\_\_\_\_

If Metes and Bounds: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ OR Attach a legal description and survey depicting the property boundary.

If Mining Claim(s), include name(s) and Mineral Survey Number(s):  
\_\_\_\_\_  
\_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Assessor's Tax Parcel Identification No(s) (PID):** \_\_\_\_\_

**NOTE: IF LESS THAN THE ENTIRE PROPERTY IS THE SUBJECT OF THIS APPLICATION, ALSO ATTACH A LEGAL DESCRIPTION OF THAT PORTION AFFECTED.**

Total Acreage of Property:       N/A - No Specific Property Involved        
Total Affected Acreage: \_\_\_\_\_  
Zoning of property: \_\_\_\_\_  
Zoning and Land Use of surrounding properties: \_\_\_\_\_  
Current Land Use: \_\_\_\_\_  
Access: \_\_\_\_\_  
Source of Water (if in a District, provide name): \_\_\_\_\_  
Source of Waste Water Disposal (if in a District, provide name): \_\_\_\_\_  
Name of Fire Protection District: \_\_\_\_\_  
Name of Electric Provider: \_\_\_\_\_  
Name of Gas Provider: \_\_\_\_\_  
Date Parcel(s) Created (for Unplatted Boundary Adjustment Special Exemption Plat): \_\_\_\_\_

**WRITTEN NARRATIVE/DESCRIPTION OF PROJECT**

(attach additional information as necessary or use page 4)

See Attached Project Statement

**PROPOSED ZONING** (for Zone Change only):       N/A

I HEREBY CERTIFY THAT THE FOREGOING REPRESENTATIONS AND ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

- 1. Andrea Barlow May 19<sup>th</sup>, 2016  
(Printed Name) (Date)  
*Andrea Barlow*  
(Signature)
- 2. \_\_\_\_\_ (Date)  
\_\_\_\_\_  
(Signature)
- 3. \_\_\_\_\_ (Date)  
\_\_\_\_\_  
(Signature)
- 4. \_\_\_\_\_ (Date)  
\_\_\_\_\_  
(Signature)

**NOTE: SIGNATURES OF ALL PROPERTY OWNERS, AND THE AUTHORIZED APPLICANT, REPRESENTATIVE AND/OR AGENT IS REQUIRED**  
(use space over as needed)

OTHER INFORMATION	
(attach additional sheets as necessary)	

FEE RECEIPT (official use only)			
Received By: _____	Date: _____		
Amount Received: \$ _____	Check #: _____	Receipt #: _____	