



**TOWN OF PARKER COMMUNITY DEVELOPMENT DEPARTMENT
LAND USE AND DEVELOPMENT APPLICATION**

20120 E. Mainstreet, Parker, CO 80138
303/841.2332 (Phone) 303/841.3223 (Fax) <http://www.parkeronline.org> (internet)

Instructions:

1. All applications must be typed or printed. Illegible applications may be rejected at the discretion of the Community Development Department.
2. All applicable sections must be completed, and the application signed by ALL parties of interest. Unsigned applications WILL NOT be processed.
3. All requisite Exhibit Attachments must be included if the application is to be deemed complete.

Type of Application:		OFFICIAL USE ONLY	Case # _____
<i>(Check All that Apply)</i>			
<input type="checkbox"/> Amendment to Comprehensive Plan	<input type="checkbox"/> Vacation of Lot Line or Easement	<i>Trakit #:</i>	
<input type="checkbox"/> Annexation & Rezoning	<input type="checkbox"/> Use by Special Review	<i>Application Accepted by:</i>	
<input type="checkbox"/> Rezoning or PD Amendment	<input type="checkbox"/> Variance	<i>Date:</i>	
<input type="checkbox"/> Sketch Plan	<input type="checkbox"/> Site Plan	<i>Fees:</i>	
<input type="checkbox"/> Preliminary Plan	<input checked="" type="checkbox"/> Site Plan Amendment	<i>Receipt No.:</i>	
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Condo Plat	<i>Application Reviewed by:</i>	
<input type="checkbox"/> Minor Development Plat	<input type="checkbox"/> Amendment to SIA or Recorded Plat	<i>Date:</i>	
<input type="checkbox"/> Re-Plat	<input type="checkbox"/> Other: _____	<i>Application Assigned to:</i>	
		<i>Date:</i>	

Project Name: _____

Address or General Location: 9403 Crown Crest Blvd.

Section	10	<input checked="" type="checkbox"/> NW	<input type="checkbox"/> NE	<input type="checkbox"/> SW	<input type="checkbox"/> SE	Lot	1
Township	6 South					Block	1
Range	66 West					Filing No.	1
Total Acres: Gross	6.43	Net	6.43				

Crown Point Filing No. 1, 28th Amendment

Requested Application in Detail: The project is to amend previously approved Site Plan (SP-18-081) to remove bridge.

PROPERTY OWNER OF RECORD:	APPLICANT (if different from Property Owner):
Name: Jonathan Fisher, CFO	Name: Mark E. Pierson
Company: Parker Adventist Hospital	Company: RTA Architects
Address: 9395 Crown Crest Blvd.	Address: 19 South Tejon St., Suite 300
Parker, CO 80138	Colorado Springs, CO 80903
Phone: 303-269-4000 Fax: _____	Phone: 719-471-7566 Fax: _____
Email: jonathanfisher@rtaarchitects.com	Email: mpierson@rtaarchitects.com
PROJECT REPRESENTATIVE OR CONSULTANT:	FOR SUBJECT PROPERTY, LIST UTILITY PROVIDERS
Name: Mark E. Pierson	Water: Cottonwood Water and Sanitation District
Company: RTA Architects	Sanitary Sewer: Cottonwood Water and Sanitation District
Address: 19 South Tejon St., Suite 300	Electricity: Inermountain Rural Electric Association (IREA)
Colorado Springs, CO 80903	Gas: Xcel Energy
Phone: 719-471-7566 Fax: _____	Telephone: CenturyLink
Email: mpierson@rtaarchitects.com	Cable: Comcast
<i>Note: Unless otherwise specified, all correspondence from the Town will be directed to the project representative.</i>	Fire Protection: South Metro Fire Rescue Authority

CURRENT PROPERTY ZONING & USE:	PROPOSED PROPERTY ZONING & USE:
Zoning: Planned Development (PD)	Requested Zoning: Planned Development (PD)
IF PD, Specify Use: Hospitals and Health Care Facilities	If Applicable PD Name: Crown Point Development - 3rd Amendment
Current Use: Vacant Land	If Rezoning Total Acreage: N/A
Subdivision: N/A	Proposed Use: Health Care Facility - Medical Office Building

Proposals For Construction of New Residential, Commercial, or Industrial Buildings or Space

Has prior residential project been approved for all or part of this project Yes No Total residential dwelling units requested: _____

Indicate total number of units: _____ Single Family Detached: _____ Single Family Attached: _____

Multi-Family/Condominiums/Townhomes: _____

COMMERCIAL/INDUSTRIAL

Indicate the type of commercial/industrial development proposed (Check all that applies)

Retail
 Other Commercial
 Medical/Dental Office
 High Tech Office
 Business/Professional Office
 Light Industrial
 Warehouse
 Other

Please provide additional descriptions as appropriate:

What type of gross leasable square footage for each category indicated above?

Type	No. of Buildings	Gross Square Footage	Leasable Square Footage
Medical / Dental Offices	One (1)	88,291	88,291

ACCEPTANCE OF TERMS

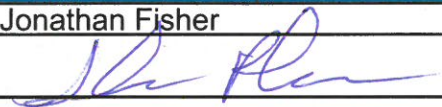
By signing below, the Land Owner of Record, Applicant and Project representative are indicating that each understands and agrees to the following terms:

- Authorized personnel from the Town of Parker, and its consultants, are hereby granted the right to enter the subject property for the purposes of reviewing and processing the application.
- The Property Owner of Record acknowledges and agrees that the Town of Parker may file liens against the subject property for any unpaid financial obligation owed to the Town related to reviewing and processing the application.
- There are no known geologic, physical or biologic hazards, or vicious animals present on the subject property except as indicated in the attached Exhibit D.
- All requirements for submission of this application for reviewing and processing by Town of Parker Community Development Department made in accordance with the Town's Land Development Code, and any and all applicable Town of Parker Ordinances and Resolutions.
- All requisite fees have been paid to the Town of Parker.
- All information contained in this application, the attached Exhibits, and other materials submitted in connection with this application are true and accurate to the best knowledge of the Applicant, Land Owner of Record and Project Representative. It is clearly understood and agreed to that false or untruthful information may be grounds for the Town to stop processing this application or withdrawing any approval granted based upon such false or untruthful information.
- The Town of Parker is under no obligation to approve the request contained in the application. No promises of approval are conveyed with the acceptance of this application.
- The schedule of Exhibit attachments, as described below, accompanies this application:
 - Exhibit A: Legal Description of Property.
 - Exhibit B: Title Policy, current to within thirty (30) days of the date of signatures below.
 - Exhibit C: Letter of Authorization from the Property Owner of Record, allowing Applicant and Project Representative to act on their behalf, and accepting ultimate financial obligation for expenses incurred by the Town of Parker as a result of the evaluation of this request.
 - Exhibit D: Disclosure of any Geologic, Physical or Biologic Hazard present on site, or any vicious animals in residence on property.
 - Exhibit E: Vicinity Map of Project Site.

SIGNATURES

Property Owner of Record:

Print Name: Jonathan Fisher

Signature:  Date: 12-16-19

Applicant, if different from Property Owner:

Print Name: Mark E. Pierson

Signature: _____ Date: _____

Project Representative or Consultant

Print Name: Mark E. Pierson

Signature: _____ Date: _____

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