



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

**Project Name:** Trails at Crowfoot Phase 13

**Address or General Location:**

Section	9	<input type="checkbox"/> NW	<input type="checkbox"/> NE	<input type="checkbox"/> SW	<input checked="" type="checkbox"/> SE	Lot	
Township	7					Block	
Range	66					Filing No.	
Total Acres: Gross	10.062	Net	7.776				

**Requested Application in Detail:** The purpose of this application is to request a permit cap increase for Trails at Crowfoot from 250 permits to 400 permits prior to the pool being built.

**Property Owner of Record:**

**Applicant (if different from Property Owner):**

Name:	Bill Carlisle	Name:	Matt Janke
Company:	DR Horton	Company:	HR 935 LLC
Address:	9555 S. Kingston Ct Englewood, Co 80112	Address:	7353 S. Alton Way Suite A100 Centennial Co, 80112
Phone:	407.375.0658	Phone:	303.994.5357
Email:	WMCarlisle@drhorton.com	Fax:	MJanke@e5xmanagement.com

**Project Representative or Consultant:**

**For Subject Property, List Utility Providers**

Name:	Matt Janke	Water:	PWSD
Company:	HR 935 LLC	Sanitary Sewer:	PWSD
Address:	7353 S. Alton Way Suite A100 Centennial Co 80112	Electricity:	IREA
Phone:	303.994.5357	Gas:	Xcel
Email:	MJanke@e5xmanagement.com	Telephone:	Century Link
<i>Note: Unless otherwise specified, all correspondence from the Town will be directed to the project representative.</i>		Cable:	Comcast
		Fire Protection:	South Metro

**Current Property Zoning & Use:**

**Proposed Property Zoning & Use:**

Zoning:	Residential	Requested Zoning:	
IF PD, Specify Use:	SFe	If Applicable PD Name:	
Current Use:	SFe	If Rezoning Total Acreage:	
Subdivision:	Trails at Crowfoot	Proposed Use:	

**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: \_\_\_\_\_

**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

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

- 1 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
- 2 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
- 3 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
- 4 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
- 5 All requisite fees have been paid to the Town of Parker
- 6 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
- 7 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

**8 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

**Property Owner of Record:**

**Print Name:** William C. Calkins  
**Signature:**  **Date:** 2/2/2021

**Applicant, if different from Property Owner:**

**Print Name:** Matt Janke  
**Signature:**  **Date:** 2/8/21

**Project Representative or Consultant**

**Print Name:** Matt Janke  
**Signature:**  **Date:** 2/8/21