



CITY OF COLORADO SPRINGS

LAND USE REVIEW DIVISION
PLANNING & DEVELOPMENT

APPLICATION FORM FOR HUMAN SERVICE ESTABLISHMENT ADMINISTRATIVE PERMIT

Applicant: _____ Telephone _____ Fax _____

Address: _____ Zip Code _____ E-mail _____

Contact Name _____ Telephone _____

Owner: _____ Telephone _____

Address: _____ Zip Code _____

Premises Involved:

Property Address _____

Existing Zone _____ Acreage _____

Direction from nearest street intersection _____

Tax Schedule No(s). _____

(This can be obtained from the El Paso County Tax Assessor located at the Citizen Service Center at 1675 Garden of the Gods Rd, Suite 2300; phone: 520-6600 or at their web site <http://land.elpaso.com>)

Human Service Establishment Information:

Type of State License _____

Name of Licensing Agency _____

Establishment Type

Applicant Status:

- | | | |
|--|--|---|
| <input type="checkbox"/> Human Service Home | <input type="checkbox"/> Domestic Violence Safehouse | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Human Service Residence | <input type="checkbox"/> Family Support Residence | <input type="checkbox"/> Private Non-Profit |
| <input type="checkbox"/> Family Care Home | <input type="checkbox"/> Human Service Facility | <input type="checkbox"/> Private for Profit |
| <input type="checkbox"/> Large Family Care Home | <input type="checkbox"/> Drug and Alcohol Treatment Facility | <input type="checkbox"/> Government |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Human Service Shelter | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Residential Child Care Facility | | Detoxification Center |

OFFICIAL CITY USE ONLY:

Fee Receipt Number _____	Date Application Accepted _____
Site Plan (1) _____	Authorization _____
Project Statement _____	Legal Description _____
Vicinity Map _____	PIC _____

PRE-APPLICATION CONFERENCE:

A pre-application conference with the planning staff is **mandatory** for this application. To be scheduled for a pre-application conference, please call Sue Matz at 385-5355.

OWNER/APPLICANT AUTHORIZATION:

The signature(s) below hereby certify that the statements made by myself (ourselves) and constituting part of this application are true and correct. I(we) am(are) fully aware that any misrepresentation of any information on this application may be ground for denial of this application. The applicant/owner by their signature understands and agrees that they are responsible for the completion of all required on-site and off-site improvements as shown and approved on the final plan (including landscaping, paving, lighting, etc.) prior to receiving a Certificate of Occupancy. I (we) do hereby agree to all of required provisions and also state that a copy of the State License will be provided to the City Planning Human Service Establishment Coordinator and in addition, a copy of each renewed license will be provided each year hereafter to maintain an active Human Service Establishment Administrative Permit file with the City of Colorado Springs

Signature of Owner

Date

Signature of Applicant

Date

OWNER AUTHORIZATION FOR SUBMITTAL & CORRESPONDENCE

**Not required if property owner is also the applicant*

I hereby authorize _____ to file this application with the City of Colorado Springs for processing.

If the following box is not checked, all City correspondence will go to the applicant:

I wish to receive copies of all City correspondence regarding the processing of this application.

Signature of Owner Date

PUBLIC NOTICE:

Public notice (i.e., posting and surrounding property mailings) in conjunction with the administrative review of this application is at the discretion of Land Use Review. However, we do recommend that prospective establishments contact their adjacent and nearby property owners to give information about the proposed home and the individuals that will be residing in the home. We also encourage neighborhood meetings so any miscommunication can be avoided about the prospective new establishment.

FEES:

An application review fee will be required to accompany this application (checks to made payable to City of Colorado Springs). The fee schedule is as follows:

Human Service Establishment Administrative Permit	\$236
--	--------------

APPLICATION REQUIREMENTS:

This application should be submitted to the City of Colorado Springs Land Use Review Office located at 30 S. Nevada Avenue, Suite 105. An application must be completed in full and accompanied by the following information:

PLANNER

1. One (1) copy of a statement identifying the following:
 - A clear **DESCRIPTION** of the proposed Human Service Establishment and the amount and type residents that will be living in the home on a permanent basis.

APPLICATION REQUIREMENTS, continued:

PLANNER

- 2. **VICINITY MAP** (does not have to be drawn to scale). The vicinity map should show the proposed site outlined with the existing adjacent streets within the neighborhood. _____
- 3. Provide **AUTHORIZATION** from the property owner if the applicant is other than the owner. This can be in the form of an authorization letter, but it must specify the extent to which the representative is authorized. _____
- 4. City Planning may require other **ADDITIONAL INFORMATION** for this application as needed. _____

HUMAN SERVICE ESTABLISHMENT SITE PLAN CONTENT REQUIREMENTS:

The applicant is required to submit one (1) copy of an **IMPROVEMENT LOCATION CERTIFICATE** or **SITE PLAN** identifying the following information and **MUST BE FOLDED** (if larger than 8½" x 14") to no larger than 11" x 14" with the lower right hand corner facing up. _____

SITE PLAN CONTENT REQUIREMENTS

If a site plan will be submitted, please complete the following checklist by checking all appropriate categories under APPLICANT column, indicating compliance with these content requirements.

APPLICANT

PLANNER

- | | | |
|-------|---|-------|
| _____ | 1. Indication of the scale (e.g. 1" = 20') and a bar scale. | _____ |
| _____ | 2. North arrow. | _____ |
| _____ | 3. Property address. | _____ |
| _____ | 4. Property lines and dimensions. | _____ |
| _____ | 5. Location and dimensions of fences and existing and/or proposed structures. | _____ |
| _____ | 6. Setbacks of the proposed establishment. | _____ |
| _____ | 7. Location, number and size of parking spaces provided. | _____ |
| _____ | 8. Location, type, dimension and size of existing and/or proposed signs. | _____ |
| _____ | 9. Address and phone number of applicant/owner. | _____ |

FORMAL REVIEW TIME PERIOD:

The administrative review procedure will take a minimum of **two to seven (2-7) days** to complete.

FINAL DISPOSITION:

APPROVAL:

After completion of the Human Service Establishment Administrative Permit, the reviewing planning staff member will return one (1) copy of the permit to the applicant.

DENIAL:

If this application is denied, the planning staff member will provide written notification to the applicant that will clearly specify all of the reasons for denial.

APPEALS:

The administrative decision of the planning staff member to approve or deny an application for a Human Service Establishment may be appealed to the Planning Commission within ten (10) days from the date of the administrative decision. The appeal must be in writing and specify briefly the grounds for the appeal. If a perfected appeal is filed within this ten (10) day period, the administrative decision to approve or deny will be suspended until the appeal process is finalized.

CITY APPROVAL/DENIAL:

Planning Staff Member _____ Date Received _____

State Licensed Number _____ Date Issued: _____

Development Plan Required: _____ Yes _____ No DP Name and # _____

Conditional Use Required: _____ Yes _____ No DP Name and # _____

Separation from nearest Human Service Establishment _____

Name, type and address of nearest adjacent establishment: _____

Off-Street Parking Spaces Required _____ Off-Street Parking Spaces Provided _____

Signs to be used in conjunction with establishment _____

Date of Provisional Approval _____ Provisional Extension - Expiration _____

Final Approval Date: _____ Denial Date: _____

Conditions/Reasons: _____

The City of Colorado Springs-Land Use Review Office is committed to ensuring that all of our services are accessible to those with disabilities. We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you. Please call 385-5905 to request any special service that you may require. A one (1) week advance notice to allow us to accommodate your request is appreciated.