



**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 _____



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.

<u>APPLICANT</u>		<u>PLANNER</u>
_____	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.*