



THE PLANNING & DEVELOPMENT DEPARTMENT APPEAL TO CITY PLANNING COMMISSION

Complete this form if you are appealing an **Administrative** decision to City Planning Commission.

APPELLANT CONTACT INFORMATION:

Appellants Name: Paul Rising Telephone: 719-499-0272
Address: 15770 Piney Grove Ct. City Co. Spgs
State: Co Zip Code: 80921 E-mail: taracustom@yahoo.com

PROJECT INFORMATION:

Project Name: 24th St. Duplex
Site Address: 430/440 N. 24th St.
Type of Application being appealed: STR renewal (denied STR renewal)
Include all file numbers associated with application: STR-1608 & STR-1609
Project Planner's Name: Carly Hibon
Hearing Date: _____ Item Number on Agenda: _____

YOUR APPEAL SUBMITTAL SHOULD INCLUDE:


1. Completed Application
2. \$176 check payable to the City of Colorado Springs
3. Appeal Statement.
 - See page 2 for appeal statement requirements.

Submit **all** 3 items above to the **Land Use Review office (30 S Nevada, Suite 105, Colorado Springs, CO 80903)**. Appeals are accepted for 10 days after a decision has been made. Submittals must be received **no later than 5pm on the due date of the appeal**. Incomplete submittals and / or submittals received after 5pm or outside of the 10 day window will not be accepted. If the due date for the submittal falls on a weekend or federal holiday, the deadline is extended to the following business day.

If you would like additional assistance with this application please contact the Land Use Review office at 385-5905.

APPELLANT AUTHORIZATION:

The signature(s) below certifies that I (we) is(are) the authorized appellant and that the information provided on this form is in all respects true and accurate to the best of my (our) knowledge and belief. I(we) familiarized myself(ourselves) with the rules, regulations and procedures with respect to preparing and filing this petition. I agree that if this request is approved, it is issued on the representations made in this submittal, and any approval or subsequently issued building permit(s) or other type of permit(s) may be revoked without notice if there is a breach of representations or conditions of approval.


Signature of Appellant

6/29/21
Date

THE APPEAL STATEMENT SHOULD INCLUDE THE FOLLOWING

- If you are appealing a decision made Administratively the following should be included in your appeal statement:
 1. Verbiage that includes justification of City Code 7.5.906.A.4
 - i. Identify the explicit ordinance provisions which are in dispute.
 - ii. Show that the administrative decision is incorrect because of one or more of the following:
 1. It was against the express language of this zoning ordinance, or
 2. It was against the express intent of this zoning ordinance, or
 3. It is unreasonable, or
 4. It is erroneous, or
 5. It is clearly contrary to law.
 - iii. Identify the benefits and adverse impacts created by the decision, describe the distribution of the benefits and impacts between the community and the appellant, and show that the burdens placed on the appellant outweigh the benefits accrued by the community.

i: STR-1608 STR-1609 denied renewal

ii: 3 and 4

Property has never changed hands. Was simply switched to an LLC for protection purposes only. Have owned this property since built in 2004

This property is specifically tied to our livelihood. This is what pays our bills. If I wouldn't have known what this caused, I would have never done it. I was acting on the advice of my financial advisor,

iii. The benefits and adverse impacts of this decision is very simple, this property is how I feed my family, the adverse impacts would be devastating for my future, simply put...this is my livelihood, and my future. The ownership has never changed since inception. My financial counsel insisted I switched entities purely for protection from the sue happy crowd that has pervasively incorporated this world. I would suffer tremendous loss if this property doesn't stay how it has always been. Please don't take away my future. Thank you

CITY AUTHORIZATION:

Payment: \$ 176.00

Date Application Accepted: 7/7/2021

Receipt No: 39562

Appeal Statement: _____

Intake Staff: Carli Hiben

Completed Form: _____

Assigned to: Carli Hiben



**City of Colorado Springs
Planning Department
Fee Receipt**

[Return to Fee Calculator](#)

<u>Application</u>	<u>Department</u>	<u>Amount</u>	<u>Applicant</u>	<u>AnnexDisc</u>
Appeal of Administrative Decision	Land Use Review	\$176.00		
Total Fees		\$176.00		

Intake Staff:	Carli Hiben
Date:	7/7/2021
Planner:	Carli Hiben
Receipt Number:	39562
Check Number:	1722
Amount:	\$176.00
Received From:	Tara Investments LLC