



THE PLANNING & DEVELOPMENT DEPARTMENT APPEAL TO CITY COUNCIL

Complete this form if you are appealing City Planning Commission's Downtown Review Board's or the Historic Preservation Board's decision to City Council.

2019 MAY 28 P 3: 31

APPELLANT CONTACT INFORMATION:

Appellants Name: Fonseca 94, LLC Telephone: (719) 649-1665
Address: 1604 South Cascade Avenue City Colorado Springs
State: CO Zip Code: 80905 E-mail: joe@thebluestar.net

PROJECT INFORMATION:

Project Name: 1645 &16757 South Tejon Street Commercial Center
Site Address: 1645 &16757 South Tejon Street
Type of Application being appealed: Non-Use Variance for reduce parking
Include all file numbers associated with application: AR R 19-0141
Project Planner's Name: Ryan Tefertiller
Hearing Date: May 16th, 2019 Item Number on Agenda: 6A

YOUR APPEAL SUBMITTAL SHOULD INCLUDE:

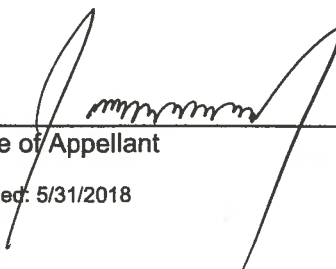
1. Completed Application
2. \$176 check payable to the City of Colorado Springs
3. Appeal Statement
 - See page 2 for appeal statement requirements. Your appeal statement should include the criteria listed under "Option 1" or "Option 2".

Submit all 3 items above to the **City Clerk's office (30 S Nevada, Suite 101, 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, 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 or would like to speak with the neighborhood development outreach specialist, contact Katie Sunderlin at sunderka@springsgov.com (719) 385-5773.

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

3-22-19

Date

THE APPEAL STATEMENT SHOULD INCLUDE THE FOLLOWING

OPTION 1: If you are appealing a decision made by City Planning Commission, Downtown Review Board, or the Historic Preservation Board that was **originally** an administrative decision 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.

OPTION 2: If the appeal is an appeal of a City Planning Commission, Form Based Zoning Downtown Review Board, or Historic Preservation Board decision that was **not made administratively initially**, the appeal statement must identify the explicit ordinance provision(s) which are in dispute and provide justification to indicate how these sections were not met, see City Code 7.5.906.B. For example if this is an appeal of a development plan, the development plan review criteria must be reviewed.

CITY AUTHORIZATION:

Payment: \$ 176.⁰⁰

Date Application Accepted: 5.28.19

Receipt No: 114710

Appeal Statement: _____

Intake Staff: D. Domyano

Completed Form: _____

Assigned to: _____