

Staff Use Only

FEE \$

CASE NUMBER:

CASE PLANNER:

CITY OF LITTLETON
General Planned Development Plan
OFFICIAL APPLICATION FORM

▪ Applicant's submitting applications for the initial review shall submit directly to the Planning and Zoning Division in Community Development.

Project Name: Extra Space Storage

Pre-application Meeting Date: June 16, 2016

Property Address or General Location: 6505 S. Santa Fe and 6509 S. Santa Fe, Littleton, Colorado

Parcel Number (if existing at this time) 034477675 and 03432909

Size of Parcel in Acres: 5.95 Acres (combined)

Applicant Information:

Name (print): Cornerstone RPC Storage I, L.P.

Contact (if different): Jessica Alizadeh/Fred A. Gans

Mailing Address: c/o Fairfield and Woods, P.C., 1801 California Street, #2600

City, State, Zip: Denver, Colorado, 80202 Phone 303-830-2400

Cell: _____, Fax: 303-830-1033 E-mail: jalizadeh@fwlaw.com

Fred A. Gans

Signature:

CEO

Title

Date: 9-8-16

Is the applicant (above) the owner of the property? Yes _____ No ✓ (Check one)

If no, please provide a typed sheet listing the property owners names with addresses and phone numbers. ATTACH a signed and notarized statement from the owner stating that there is no objection to the application and that the applicant is authorized to act on behalf of the owner with respect to the above application type as stated in the City code

Is there a mortgage on the property? Yes _____ No ✓ (Check one)

If yes, the applicant shall mail notice to the mortgage holder (s), if any, which summarizes the proposed zoning matter and includes the name, phone number of the City employee in charge of reviewing the matter. Said notice shall be sent by registered mail, return receipt requested. A copy of the notice and the original returned receipt shall be attached to the application.

Revised October 2012

Note: This application may be subject to additional processing fees required by referral agencies such as Colorado Geological Survey and Denver Water. Please contact these agencies for information concerning their fees. A complete application form must accompany the required materials on the attached check list. Submitting an incomplete application may cause a delay in processing. If you have any questions, please call the Community Development Department at 303-795-3748.

Owner Information:

Name (print): Arapahoe Mental Health Center
Phone: _____

Address: 155 Inverness Dr. W Suite 200, Englewood, CO 80112
Fax: _____ E-mail: _____

Owner Information:

Name (print): Gary L. Sutton
Phone: _____

Address: 4925 W. Rio Grande Ave., Sedalia, CO 80135
Fax: _____ E-mail: _____

Engineering Consultant:

Name (print): Jamie Overgaard, Lund Partnership
Phone: 303-989-1461, EXT 15

Address: 12265 W. Bayaud Ave., Suite 130, Lakewood, CO 80228
Fax: 303-989-4094 E-mail: jovergaard@lundpartnership.net

Architect:

Name (print): Sally Kaufman, Kaufman Design Group Address 12371 E. Lincoln Ct., Wichita, KS 67027
Phone: 316-618-0448 Fax: 316-618-0048 E-mail: skaufman@cox.net

Gary L. Sutton

September 14, 2016

The undersigned, **GARY L. SUTTON**, an individual residing in the State of Colorado (the "**Owner**"), hereby acknowledges the following statements and consents to taking the following actions:

WHEREAS, the Owner owns real property located at 6505 S. Santa Fe Drive, Littleton, Colorado (the "**PROPERTY**"), which property contains two (2) single-family residences and two (2) metal barns, a legal use under the current City of Littleton Zoning Code; and

WHEREAS, the Owner has agreed to make and consent to that certain Formal Rezoning Submittal dated as of September 1, 2016 ("**RE-ZONING APPLICATION**") requesting an amendment of the Property's current zone district to Zone District PD-I, permitting certain legally conforming uses of the Property as set forth in the Re-Zoning Application; and

WHEREAS, the Owner has agreed to execute the Re-Zoning Application, and all other instruments and documents required to be executed and delivered pursuant to or in connection with the Re-Zoning Application, and to appoint Fred Gans or Cornerstone RPC Storage 1, L.P. to act on the Owner's behalf to do or cause to be done any and all other acts and things it deems necessary and advisable in connection with the processing of the Re-Zoning Application by the City of Littleton.

NOW, THEREFORE, BE IT:

RESOLVED, that the terms and conditions of the Re-Zoning Application are hereby ratified, approved and confirmed; and

RESOLVED, that Fred Gans is hereby authorized and empowered to execute and deliver the Re-Zoning Application and to make, execute, acknowledge and deliver all other instruments and documents relating to the Re-Zoning Application, and to act on the Owner's behalf to do or cause to be done any and all other acts and things it deems necessary and advisable in connection with the processing of the Re-Zoning Application by the City of Littleton; and

RESOLVED, that the consent and signature of Fred Gans is sufficient when acting for the purposes set forth herein.

The undersigned, being the owner of the Property, hereby consents to, approves, and adopts the foregoing actions as of the date set forth above, notwithstanding the actual date of signing.

Gary L. Sutton,
an Individual

By: _____

Gary L. Sutton

The foregoing instrument was acknowledged before me this 16 day of November 2016 by

Gary L. Sutton

State of Colorado)

ss

County of Adams

WITNESS my hand and official seal

Deborah M. Williams

Notary Public for the State of Colorado

My commission expires June 28, 2017





AllHealthNetwork.org
155 Inverness Drive West, Suite 200
Englewood, CO 80112
Phone - 303 779 9676
Fax - 303 889 4800

Information & Appointments - 303-730-8858
Emergency & Crisis Intervention - 303-730-3303

City of Littleton
City Planning Department
2255 W Berry Ave
Littleton CO 80120

December 7, 2016

Dear Planning Director,

On behalf of Arapahoe Mental Health, Inc., doing business as AllHealth Network, I am in agreement with the plan to move the zoning for the property located at 6507 S Santa Fe Drive and adjacent property to a PD-I.

Regards,

Kevin D. Kirkwood
Chief Information Officer
AllHealth Network

We provide comprehensive services for adults, families, teens and children.

Counseling—Individual, Group, Family
Psychiatry
Substance Abuse Treatment
Peer Support
Early Childhood Consultation

Criminal Justice Services
Victim Services
Bridge Acute Treatment Unit
Vocational & Social Rehabilitation
School-based Services

Integrated Healthcare
Education & Wellness Programs
Pharmacy
Crisis Response
Care Coordination & Management