



LAND USE APPLICATION

PROJECT NAME: Perry Street Social District

PROPERTY ADDRESS / GENERAL LOCATION: NEC of Perry Street and Fourth Street

LEGAL DESCRIPTION: Lot 4A, Block 11 of the Town of Castle Rock

PROJECT DESCRIPTION: Demolition of and existing residential building and commercial building and the construction of a Tap House, Wine and Charcuterie business and Container Plaza.

STATE PARCEL NO. _____

PLEASE CHECK APPLICATION TYPE:

- | | | |
|---|--|--|
| ☐ AGREEMENT | ☐ PLAT | ☐ WIRELESS COMMUNICATION FACILITIES |
| ☐ ANNEXATION | ☐ PLAT CORRECTION | ☐ OTHER: _____ |
| ☒ CONSTRUCTION DOCUMENTS | ☐ SITE DEVELOPMENT PLAN | _____ |
| ☐ DOWNTOWN FAÇADE/VARIANCE | ☐ SITE DEVELOPMENT PLAN AMENDMENT | _____ |
| ☒ TESC (EROSION CONTROL) | ☐ SKETCH PLAN | _____ |
| ☐ LOT LINE ADJUSTMENT/VACATION | ☐ STRAIGHT ZONING | _____ |
| ☐ PLANNED DEVELOPMENT PLAN | ☐ TEMPORARY USE PERMIT | _____ |
| ☐ PLANNED DEVELOPMENT PLAN AMENDMENT | ☐ USE BY SPECIAL REVIEW | _____ |

SUMMARY DATA:

Current Zoning B-Business Commercial

Acreage 0.40

Current Use 2 retail stores and residential home

Pre-Application Meeting Date and Staff Member Name (if known)
September 18, 2020 - Pam Hall

Proposed Zoning B - Business Commercial

Proposed No. of Lots 1

Proposed No. of Dwelling Units or Buildings (if Commercial)
3

Proposed Building Sq.Ft. 7,068

Additional Info. _____

PROPERTY OWNER INFORMATION:

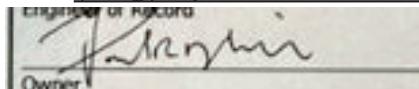
Name Paul Myhill

Company Perry Street Collective LLC

Address 404 Perry Street, Castle Rock, CO 80104

Phone 303-883-5555

Email paul@perrystreetsocial.com

 9/29/2022
Owner Date

REPRESENTATIVE INFORMATION:

Name Krysta Houtchens

Company Entitlement and Engineering Solutions

Address 501 S. Cherry Street, Suite 300

Glendale, CO 80246

Phone 970-380-7054

Email khoutchens@ees.us.com

Krysta Houtchens 9/28/2022
Representative Signature (Required) Date

Additional names and contact information to send project comments to (e.g., engineer, architect):

Name _____

Company _____

Email _____

Name _____

Company _____

Email _____