



LAND USE APPLICATION

PROJECT NAME: The Brickyard - Infrastructure Phase 1 Grading Only

PROPERTY ADDRESS / GENERAL LOCATION: 401 Prairie Hawk Dr, Castle Rock, CO 80109

LEGAL DESCRIPTION: Situated in the northeast 1/2 of section 10 and the northwest 1/4 of section 11, township 8 south, range 67

PROJECT DESCRIPTION: Early grading on-site for the Brickyard Mixed-Use Development and Castle Rock Sports Center as part of the 31-acre re-development of the former ACME Brickworks property.

STATE PARCEL NO. _____

PLEASE CHECK APPLICATION TYPE:

- | | | |
|---|--|--|
| ☐ AGREEMENT | ☐ PLAT | ☐ WIRELESS COMMUNICATION FACILITIES |
| ☐ ANNEXATION | ☐ PLAT CORRECTION | ☒ OTHER: <u>Early Grading Permit</u> |
| ☐ 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 Brickyard PD
Acreage 31 acres
Current Use Form brick and tile manufacturer
Pre-Application Meeting Date and Staff Member Name (if known)
Julie Kirkpatrick
Proposed Zoning Planning Development

Proposed No. of Lots _____
Proposed No. of Dwelling Units or Buildings (if Commercial) _____
Proposed Building Sq.Ft. _____
Additional Info. _____

PROPERTY OWNER INFORMATION:

Name _____
Company _____
Address _____
Phone _____
Email _____

Property Owner Signature (Required) _____ Date _____

REPRESENTATIVE INFORMATION:

Name Dan Tovado
Company Confluence Companies
Address 430 Indiana St. Suite 200
Phone _____
Email DTovado@confluenceco.com

Dan Tovado 4/10/25
Representative Signature (Required) _____ Date _____

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

Name John O'Rourke
Company Harris Kocher Smith
Email jorourke@hkseng.com

Name _____
Company _____
Email _____