



LAND USE APPLICATION

PROJECT NAME: PLUM CREEK VETERINARY SERVICES

PROPERTY ADDRESS / GENERAL LOCATION: 425 S. WILCOX STREET, CASTLE ROCK, CO 80104

LEGAL DESCRIPTION: PLUM CREEK COMMONS UNIT ONE

PROJECT DESCRIPTION: REMODEL OF AN EXISTING OFFICE BUILDING TO A VETERINARY SERVICES CLINIC

STATE PARCEL NO. R0251619

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 0.85

Current Use OFFICE/COMMERICAL

Pre-Application Meeting Date and Staff Member Name (if known) _____

Proposed Zoning NA

Proposed No. of Lots 1 (EXISTING)

Proposed No. of Dwelling Units or Buildings (if Commercial) 1 (EXISTING)

Proposed Building Sq.Ft. 5,695

Additional Info. _____

PROPERTY OWNER INFORMATION:

Name _____
Company SHORE CAPITAL REAL ESTATE PARTNE
Address 1 E WACKER DRIVE, SUITE 2900
CHICAGO, IL 60601
Phone _____
Email _____

Property Owner Signature (Required)

Date

REPRESENTATIVE INFORMATION:

Name MATTHEW L. MURPHY, PE
Company TREANOR, INC
Address 1755 BLAKE, SUTIE 400
DENVER, CO 80202
Phone 303.298.4700
Email MMURPHY@TREANOR.DESIGN

Representative Signature (Required)

Date

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

Name MATTHEW FINLEY
Company SOUTHERN VETERIARIY PARTNERS
Email MATTHEW.FINLEY@SVP.NET

Name _____
Company _____
Email _____