



LAND USE APPLICATION

PROJECT NAME: Engel & Volkers

PROPERTY ADDRESS / GENERAL LOCATION: 310 N Wilcox St. Castle Rock, CO 80104

LEGAL DESCRIPTION: LOT 12 BLK 19 TOWN OF CASTLE ROCK 0.08 AM/L

PROJECT DESCRIPTION: Remodeling facade and interior to be a reality group (business occupancy)

STATE PARCEL NO. 2505-112-12-007

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 Commercial
Acreage .08
Current Use Vacant (was a church previously)
Pre-Application Meeting Date and Staff Member Name (if known)
9/17/2024, Brad Boland
Proposed Zoning Commercial

Proposed No. of Lots 1
Proposed No. of Dwelling Units or Buildings (if Commercial)
1
Proposed Building Sq.Ft. 5,279 existing
Additional Info. _____

PROPERTY OWNER INFORMATION:

Name Travis Turner
Company Turner Associates LLC
Address 310 N Wilcox St. Castle Rock, CO 80104
Phone 7192443645
Email travis@turnercoloradohomes.com

[Signature] 12/3/24
Property Owner Signature (Required) Date

REPRESENTATIVE INFORMATION:

Name _____
Company _____
Address _____
Phone _____
Email _____

Representative Signature (Required) Date

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

Name Katie Mitchell
Company Casco Construction
Email katie@@casco.cc.com

Name _____
Company _____
Email _____