



LAND USE APPLICATION

PROJECT NAME: Advent Health MOB

PROPERTY ADDRESS / GENERAL LOCATION: Located at the intersection of Crystal Valley Parkway & Plum Creek Blvd

LEGAL DESCRIPTION: Lot 2, Block 2, Heckendorf Ranch Filing No. 2

PROJECT DESCRIPTION: 23,582 SF Medical Office Building, Core & Shell. Two stories above grade.

STATE PARCEL NO. 2505-233-04-001

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 The Lanterns Amendment No.4

Acreage 5.169

Current Use Undeveloped

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

Proposed Zoning _____

Proposed No. of Lots 1

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

Proposed Building Sq.Ft. 23,582 Sq. Ft.

Additional Info. Two stories above grade.

PROPERTY OWNER INFORMATION:

Name _____
Company Portercare Adventist Health System
Address 6061 S. Willow Drive
Greenwood Village, CO 80111
Phone _____
Email _____

Property Owner Signature (Required) _____

Date _____

REPRESENTATIVE INFORMATION:

Name David Nelson
Company Advent Health
Address 2350 Meadows Blvd
Castle Rock, CO 80109
Phone _____
Email David.Nelson@AdventHealth.com

Representative Signature (Required) _____

Date _____

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

Name Jim Siedler - Architect

Company Boulder Associates

Email jsiedler@boulderassociates.com

Name Andrew Holcomb - Architect

Company Boulder Associates

Email aholcomb@boulderassociates.com