

Advisory Board on the Environment

Park County Planning Department

P.O. Box 1598
Fairplay, Colorado 80440

Phone: (719) 836-4254 • Fax: 719-836-4268 • E-mail address: jdeagan@parkco.us

Referral Response

Comment Deadline Date: April 13th, 2021 **Submitted Date:** March 13th, 2021

Case #: 21CAP-01 **Case Name:** South Park Ambulance District Location & Extent Determination

Request: The applicant is requesting Planning Commission approval of a new ambulance station on a proposed 3-acre lot next to Hwy. 285 between Como and Jefferson.

Legal Description: Part the SW ¼ NW ¼ of Section 24 Township 8 Range 76.

Date of Planning Commission Hearing: Wednesday, April 14th, 2021

Date of BOCC Hearing: Not applicable.

We have reviewed this referral and find that it **does** comply with our specific organization's concerns.

We have reviewed this referral and find that it **does not** comply with our specific organization's concerns for the following reasons:

We have reviewed this referral and find no conflicts with our interests.

A formal recommendation is under consideration and will be submitted to you prior to _____.

Please refer to the enclosed letter.

We offer the following comments regarding this referral:

The only concern voiced by a member of ABE is a potential safety concern relating to access directly onto HWY 285.

Signed: John Reiber

Date: March 17, 2021

Title: Chairman

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Date of BOCC Hearing: Not applicable.

We have reviewed this referral and find that it does comply with our specific organization's concerns.

We have reviewed this referral and find that it does not comply with our specific organization's concerns for the following reasons:

[Blank lines for reasons]

X We have reviewed this referral and find no conflicts with our interests.

A formal recommendation is under consideration and will be submitted to you prior to

Please refer to the enclosed letter.

We offer the following comments regarding this referral:

[Blank lines for comments]

Signed: Evan Lockhart Borman Date: 03/16/2021

Title:

Office of Emergency Management

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SS _____ We have reviewed this referral and find no conflicts with our interests.

_____ A formal recommendation is under consideration and will be submitted to you prior to _____.

_____ Please refer to the enclosed letter.

SS _____ We offer the following comments regarding this referral:

This is a site very badly needed.

Signed: [Signature] Date: 3/22/21

Title: Director O.E.M.