

**LAND USE APPLICATION**

**CASE NO.** \_\_\_\_\_

**APPLICANT INFORMATION**

Firm: Brue Baukol Capital Partners  
 Contact: Jordan Swisher  
 Address: 1555 Blake St., Suite 210  
Denver, CO 80202  
 Mailing Address: 1555 Blake St., Suite 210  
Denver, CO 80202  
 Telephone: 720.930.4711  
 Fax: 720.399.6472  
 Email: jordan.swisher@bruebaukol.com

**OWNER INFORMATION**

Firm: Phillips 66 Company  
 Contact: Greg L. Cardwell  
 Address: 2331 CityWest Boulevard  
Houston, TX 77242  
 Mailing Address: P.O. Box 421959  
Houston, TX 77242  
 Telephone: 832.765.1412  
 Fax: 832.765.9810  
 Email: greg.l.cardwell@p66.com

**REPRESENTATIVE INFORMATION**

Firm: Brue Baukol Capital Partners  
 Contact: Jordan Swisher  
 Address: 1555 Blake St., Suite 210  
Denver, CO 80202  
 Mailing Address: 1555 Blake St., Suite 210  
Denver, CO 80202  
 Telephone: 720.930.4711  
 Fax: 720.399.6472  
 Email: jordan.swisher@bruebaukol.com

**PROPERTY INFORMATION**

Common Address: \*see attached Legal Description  
 Legal Description: Lot \_\_\_\_\_ Blk \_\_\_\_\_  
 Subdivision \_\_\_\_\_  
 Area: \_\_\_\_\_ Sq. Ft.

**TYPE (S) OF APPLICATION**

- Annexation
- Zoning
- Preliminary Subdivision Plat
- Final Subdivision Plat
- Minor Subdivision Plat
- Preliminary Planned Unit Development (PUD)
- Final PUD
- Amended PUD
- Administrative PUD Amendment
- Special Review Use (SRU)
- SRU Amendment
- SRU Administrative Review
- Temporary Use Permit: \_\_\_\_\_
- CMRS Facility: \_\_\_\_\_
- Other: (easement / right-of-way; floodplain; variance; vested right; 1041 permit; oil / gas production permit) **\*GDP AMENDMENT & COMP PLAN AMENDMENTS**

**PROJECT INFORMATION**

Summary: General Development Plan  
Amendment concerning allowed uses,  
height, densities and other  
development provision for the  
commonly known Phillips 66 site.

Current zoning: PCZD- Proposed zoning PCZD  
**COMMERCIAL** **Commercial/Residential**

**SIGNATURES & DATE**

Applicant: \_\_\_\_\_  
 Print: Jordan Swisher  
 Owner: Phillips 66 Company  
 Print: \*see Letter of Authorization  
 Representative: \_\_\_\_\_  
 Print: \_\_\_\_\_

**CITY STAFF USE ONLY**

- Fee paid: \_\_\_\_\_
- Check number: \_\_\_\_\_
- Date Received: \_\_\_\_\_