



Request for Comments

Case Name: Lighthouse on Florence

Case Number: RCU2023-00067

December 21, 2023

The Adams County Planning Commission is requesting comments on the following application: **Conditional use permit for a group home exceeding five residents in the Residential Estate zone district. The group home would be an assisted living facility.** This request is located at 14040 FLORENCE CT. The Assessor's Parcel Number is 0157122103005.

Applicant Information:

CARLSON EDWARD R AND
14040 FLORENCE CT
11741 KEARNEY CIR
BRIGHTON, CO 80602

Please forward any written comments on this application to the Community and Economic Development Department at 4430 South Adams County Parkway, Suite W2000A Brighton, CO 80601-8216 or call (720) 523-6800 by 1/15/2024 in order that your comments may be taken into consideration in the review of this case. If you would like your comments included verbatim please send your response by way of e-mail to CSpaid@adcogov.org.

Once comments have been received and the staff report written, the staff report and notice of public hearing dates may be forwarded to you upon request. The full text of the proposed request and additional colored maps can be obtained by contacting this office or by accessing the Adams County web site at www.adcogov.org/current-land-use-cases.

Thank you for your review of this case.

Cody Spaid
Planner II

BOARD OF COUNTY COMMISSIONERS

Eva J. Henry
DISTRICT 1

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Steve O'Dorisio
DISTRICT 4

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CONDITIONAL USE PERMIT

Application submittals must include all documents on this checklist as well as this page. Please use the reference guide (pgs. 3-4) included in this packet for more information on each submittal item.

All submittals shall include one (1) hard copy of all documents and one (1) electronic copy with all documents combined in a single PDF. For hard copies, each document shall be labeled or tabbed with the corresponding checklist number.

- 1. Development Application Form (pg. 5)
- 2. Application Fees (see pg. 2)
- 3. Written Explanation of the Project
- 4. Site Plan Showing Proposed Development
- 5. Proof of Ownership (warranty deed or title policy)
- 6. Proof of Water and Sewer Services
- 7. Proof of Utilities (e.g. electric, gas)
- 8. Legal Description
- 9. Certificate of Taxes Paid
- 10. Certificate of Notice to Mineral Estate Owners/and Lessees (pg. 7)
- 11. Certificate of Surface Development (pg. 8-10)

Supplemental Items (if applicable) *Contact County staff for supplemental forms

- 1. Traffic Impact Study
- 2. Neighborhood Meeting Summary
- 3. Solid waste transfer station*
- 4. Solid waste composting facility*
- 5. Scrap tire recycling facility*
- 6. Inert fill*



DEVELOPMENT APPLICATION FORM

Application Type:

<input type="checkbox"/> Conceptual Review	<input type="checkbox"/> Preliminary PUD	<input type="checkbox"/> Temporary Use
<input type="checkbox"/> Subdivision, Preliminary	<input type="checkbox"/> Final PUD	<input type="checkbox"/> Variance
<input type="checkbox"/> Subdivision, Final	<input type="checkbox"/> Rezone	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Plat Correction/ Vacation	<input checked="" type="checkbox"/> Special Use	<input type="checkbox"/> Other: _____

PROJECT NAME:

APPLICANT

Name(s): Phone #:

Address:

City, State, Zip:

2nd Phone #: Email:

OWNER

Name(s): Phone #:

Address:

City, State, Zip:

2nd Phone #: Email:

TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)

Name: Phone #:

Address:

City, State, Zip:

2nd Phone #: Email:

DESCRIPTION OF SITE

Address:

City, State, Zip:

Area (acres or square feet):

Tax Assessor Parcel Number

Existing Zoning:

Existing Land Use:

Proposed Land Use:

Have you attended a Conceptual Review? YES NO

If Yes, please list PRE#:

I hereby certify that I am making this application as owner of the above described property or acting under the authority of the owner (attached authorization, if not owner). I am familiar with all pertinent requirements, procedures, and fees of the County. I understand that the Application Review Fee is non-refundable. All statements made on this form and additional application materials are true to the best of my knowledge and belief.

Name:

Date:

Owner's Printed Name

Name:

Owner's Signature

3 Explanation of Project

Light on the Hill Assisted Living Ltd, dba Lighthouse on Florence will provide residential assisted living for persons in need of non-medical and/or memory care. We anticipate opening in Spring 2024.

Our passion is to provide timely, caring service to our residents. We strive to offer the highest quality home-style environment, safe, clean and well-staffed with caring professionals. Lighthouse will provide private and semi-private rooms, our services will include: three on-site chef-prepared meals daily, on-site activities, including arts and crafts, games, laundry/cleaning service, and more, all are a part of the Lighthouse experience.

Residents will enjoy family-style meals and activities, providing them with strong social interaction and bonding opportunities – ideals that have been shown to prolong life in seniors and reduce potential depression in addition to assistance with their basic daily needs.

Every day, we hear stories from friends and family, as well as our own experiences of people needing care and not receiving quality, timely care. Ed experienced both of his parents being in nursing homes, neither receiving reliable care. They would wait many hours for help.

A few years ago, a good friend of ours was in a local nursing facility and was raped by an orderly. The staff destroyed the bed linens before informing the family of what happened, so there was no evidence.

We were in a class a couple of weeks ago on residential assisted living, and one of the instructors shared how his mother was in a facility. She slipped in the restroom and help never came. She hit her head on the sink, which caused a brain bleed. It was 7-8 hours before anyone found her. The ER doctors testified that if they had found her within the first 1-2 hours, her chance of survival would have been 99%; as it was, she passed the next day.

Time and again, we hear stories where families are losing their loved ones due to poor quality care and understaffed facilities. It is our desire to help alleviate this high risk to our seniors.

Lighthouse on Florence will have a maximum resident-caregiver ratio of 6:1 daytime and 12:1 night-time awake. We will implement a monitoring system that provides location, health, and call system needs for the residents. Residents will wear a watch-like device that allows them to page for help; it predicts and notifies caregivers of a fall, as well as other medical issues. The monitoring system can even geo-fence the resident. Caregivers also wear the compatible device, enabling them to hear the resident's call from anywhere.

Rarely will our resident's drive; therefore, there will be little to no traffic impact. Currently, this house has five driving residents, plus it hosts as an Airbnb of up to 14 guests; the residents will be relocating, the Airbnb will cease, and be replaced with the staff and visitors to our residents.

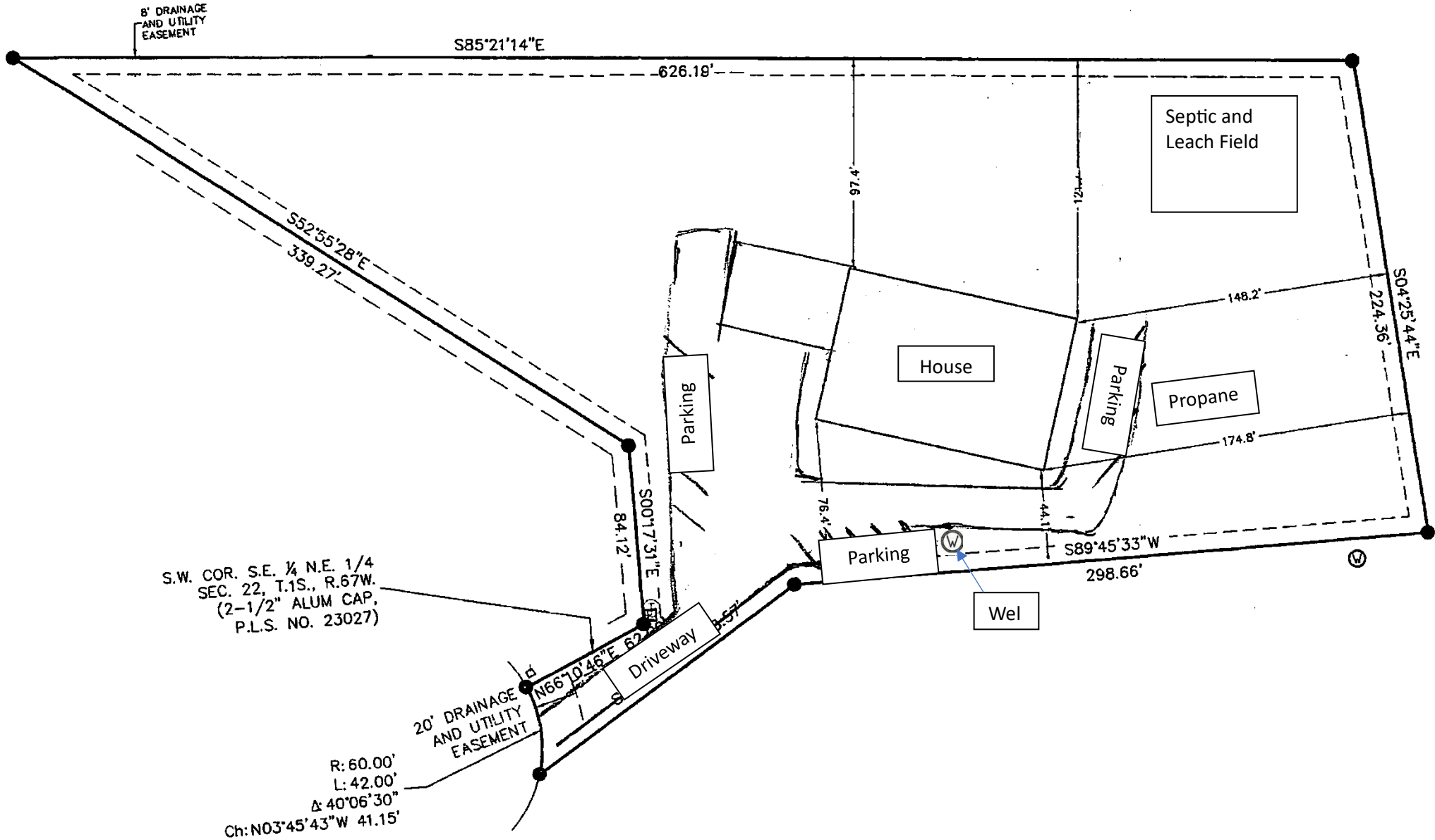
4 Site Plan

There will be no new building or development. We will be using the current house located at:

14040 Florence Ct

Brighton, CO 80602

4 Site Plan



S.W. COR. S.E. 1/4 N.E. 1/4
SEC. 22, T.1S., R.67W.
(2-1/2" ALUM CAP,
P.L.S. NO. 23027)



REAL PROPERTY TRANSFER DECLARATION - (TD-1000)

GENERAL INFORMATION

Purpose: The Real Property Transfer Declaration provides essential information to the county assessor to help ensure fair and uniform assessments for all property for property tax purposes. Refer to 39-14-102(4), Colorado Revised Statutes (C.R.S.).

Requirements: All conveyance documents (deeds) subject to the documentary fee submitted to the county clerk and recorder for recordation must be accompanied by a Real Property Transfer Declaration. This declaration must be completed and signed by the grantor (seller) or grantee (buyer). Refer to 39-14-102(1)(a), C.R.S.

Penalty for Noncompliance: Whenever a Real Property Transfer Declaration does not accompany the deed, the clerk and recorder notifies the county assessor who will send a notice to the buyer requesting that the declaration be returned within thirty days after the notice is mailed.

If the completed Real Property Transfer Declaration is not returned to the county assessor within the 30 days of notice, the assessor may impose a penalty of \$25.00 or .025% (.00025) of the sale price, whichever is greater. This penalty may be imposed for any subsequent year that the buyer fails to submit the declaration until the property is sold. Refer to 39-14-102(1)(b), C.R.S.

Confidentiality: The assessor is required to make the Real Property Transfer Declaration available for inspection to the buyer. However, it is only available to the seller if the seller filed the declaration. Information derived from the Real Property Transfer Declaration is available to any taxpayer or any agent of such taxpayer subject to confidentiality requirements as provided by law. Refer to 39-5-121.5, C.R.S. and 39-13-102(5)(c), C.R.S.

1. Address and/or legal description of the real property sold: Please do not use P.O. Box numbers
14040 FLORENCE COURT BRIGHTON CO 80602
2. Type of Property purchased: Single Family Residential Townhome Condominium Multi-Unit Res
 Commercial Industrial Agricultural Mixed Use Vacant Land Other
3. Date of Closing: June 22, 2016
Date of Contract if different than date of closing: April 25, 2016
4. Total sale price: Including all real and personal property. **\$90,000.00**
5. Was any personal property included in the transaction? Personal property would include, but not limited to, carpeting, draperies, free standing appliances, equipment, inventory, furniture. If the personal property is not listed, the entire purchase price will be assumed to be for the real property as per 39-13-102, C.R.S.
 Yes No If yes, approximate value \$ _____ Describe: _____
6. Did the total sale price include a trade or exchange of additional real or personal property? If yes, give the approximate value of the goods or services as of the date of closing.
 Yes No If yes, value \$ _____
If yes, does this transaction involve a trade under IRS Code Section 1031? Yes No
7. Was 100% interest in the real property purchased? Mark "no" if only a partial interest is being purchased.
 Yes No If no, interest purchased: _____%
8. Is this a transaction among related parties? Indicate whether the buyer or seller are related. Related parties include persons within the same family, business affiliates, or affiliated corporations.
 Yes No
9. Check any of the following that apply to the condition of the improvements at the time of purchase:
 New Excellent Good Average Fair Poor Salvage

If the property is financed, please complete the following:

10. Total amount financed: N/A
11. Type of financing: (Check all that apply)
 New Assumed Seller Third Party Combination; Explain _____

12. Terms:

Variable; Starting interest rate _____ %

Fixed; Interest rate _____ %

Length of time _____ years

Balloon Payment Yes No If yes, amount _____ Due Date _____

13. Mark any that apply: Seller assisted down payment, Seller concessions, Special terms or financing.

If marked, please specify: _____

For properties other than residential (Residential is defined as: single family detached, townhomes, apartments, and condominiums) please complete questions 14-16 if applicable. Otherwise, skip to #17 to complete.

14. Did the purchase price include a franchise or license fee? Yes No
If yes, franchise or license fee value? _____

15. Did the purchase price involve an installment land contract? Yes No
If yes, date of contract: _____

16. If this was a vacant land sale, was an on-site inspection of the property conducted by the buyer prior to the closing?
 Yes No

Remarks: Please include any additional information concerning the sale you may feel is important.

17. Signed on this day of 6-21-16
Have at least one of the parties to the transaction sign the document, and include an address and a daytime phone number.
Signature of Grantee (Buyer) or Grantor (Seller)


EDWARD R. CARLSON


TERRI LYNN CARLSON

18. All future correspondence (tax bills, property valuations, etc.) regarding this property should be mailed to:

EDWARD R. CARLSON AND TERRI LYNN CARLSON

11741 KEARNEY CIR THORNTON, CO 80233

Phone: _____ Email: **tcarlson@genesigrp.net**

Form No. GWS-31 10/2016	WELL CONSTRUCTION AND YIELD ESTIMATE REPORT State of Colorado, Office of the State Engineer 1313 Sherman St., Room 821, Denver, CO 80203 303.866.3581 www.water.state.co.us and dwrpermitsonline@state.co.us	For Office Use Only RECEIVED SEP 23 2019 WATER RESOURCES STATE ENGINEER COLO			
1. Well Permit Number: 80971-F 83218-F Receipt Number: 3679622					
2. Owner's Well Designation:					
3. Well Owner Name: Edward & Terri Carlson					
4. Well Location Street Address: 14040 Florence Ct Brighton, Co 80602					
5. GPS Well Location: <input type="checkbox"/> Zone 12 <input checked="" type="checkbox"/> Zone 13 Easting: 511120.0 Northing: 4422298 County: Adams					
6. Legal Well Location: SE 1/4, NE 1/4, Sec., 22 Twp. 1 <input type="checkbox"/> N or S <input checked="" type="checkbox"/> Range 67 <input type="checkbox"/> E or W <input checked="" type="checkbox"/> 6th P.M. Distances from Section Lines: _____ ft. from <input type="checkbox"/> N or S <input type="checkbox"/> section line, and _____ ft. from <input type="checkbox"/> E or W <input type="checkbox"/> section line Subdivision: _____, Lot _____, Block _____, Filing (Unit) _____					
7. Ground Surface Elevation: _____ feet Date Completed: 08/02/2019 Drilling Method: Mud Rotary					
8. Completed Aquifer Name: Foxhill Total Depth: 1000 feet Depth Completed: 1000 feet					
9. Advance Notification: Was Notification Required Prior to Construction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Date Notification Given: 05/24/2019					
10. Aquifer Type: <input type="checkbox"/> Type I (One Confining Layer) <input type="checkbox"/> Type I (Multiple Confining Layers) <input checked="" type="checkbox"/> Laramie-Fox Hills (Check one) <input type="checkbox"/> Type II (Not overlain by Type III) <input type="checkbox"/> Type II (Overlain by Type III) <input type="checkbox"/> Type III (alluvial/colluvial)					
11. Geologic Log:		12. Hole Diameter (in.) From (ft) To (ft) 7-7/8 0 1000 13. Plain Casing OD (in) Kind Wall Size (in) From (ft) To (ft) 5-9/16 Steel .188 -1 900 Perforated Casing Screen Slot Size (in): OD (in) Kind Wall Size (in) From (ft) To (ft) 5-9/16 Steel .188 900 1000			
Depth	Type		Grain Size	Color	Water Loc.
0-20	top soil/clay				
20-60	clay/shale				
60-80	shale/coal				
80-380	shale				
380-400	shale/sand				
400-580	shale				
580-600	shale/coal/shale				
600-720	shale				
720-740	shale/caol				
740-800	shale				
800-900	shale/coal/shale				
	coal/shale/sand				
900-1000	sand				
1000-1010	shale				
14. Filter Pack: Material _____ Size _____ Interval _____		15. Packer Placement: Type _____ Depth _____			
16. Grouting Record Material Amount Density Interval Method Portland 720 gallon 120 bags 0-700 positive 1&2 displacement Bentonite 3		Amt. Used 3lbs			
17. Disinfection: Type HTH					
18. Well Yield Estimate Data: <input type="checkbox"/> Check box if Test Data is submitted on Form Number GWS-39, Well Yield Test Report Well Yield Estimate Method: submersible Static Level: 440 Estimated Production Rate 15 gpm. Date/Time measured: 8/8/2019 Estimate Length (hrs) 2					
Remarks:					
19. I have read the statements made herein and know the contents thereof, and they are true to my knowledge. This document is signed (or name entered if filing online) and certified in accordance with Rule 17.4 of the Water Well Construction Rules, 2 CCR 402.2. The filing of a document that contains false statements is a violation of section 37 91 108(1)(e), C.R.S., and is punishable by fines up to \$1,000 and/or revocation of the contracting license. If filing online the State Engineer considers the entry of the licensed contractor's name to be compliance with Rule 17.4.					
Company Name: Glover's Drilling	Email: glover0285@gmail.com	Phone w/area code: (303) 857-2041			
Mailing Address: 7261 CR 31 Fort Lutpon, Co 89521		License Number: 698			
Sign (or enter name if filing online) <i>Jonathan M Glover</i>	Print Name and Title Jonathan M Glover / partner	Date: 09/21/2019			

Permit to Install An On-site Waste Water Treatment System

PROPERTY INFORMATION:		OWNER INFORMATION:	Terri Carlson
Address: 14040 Florence Ct Brighton, CO 80602--	Dwelling Type: Single Family	Address: 11741 Kearney Cc Thornton, CO 80233-	
County: Adams	No. of Bedrooms: 8		
APN: 0157122103005	Water Supply: Private Well		
	Onsite ID:	Phone: 720-883-1110	
PERMIT INFORMATION:	ON0037574	Permit Type: OWTS	Construction Phase: Install - Construction

System Design:

System Designed By: Colorado Geoscience and Design
Design Number: 16-3134

Design Date: 7/3/2019
Electrical Inspection Required? No

Associated Professionals

Business Name: Colorado Geoscience & Design Inc
Name: Ken-Zuo Wu
PO Box 68
Franktown, CO 80116--

OWTS - Engineer
NAWT Certification: PE 30452
Phone: 303-688-2150

OWTS - Permit Comments

Tuesday, August 06, 2019 4:34 PM - Jeff McCarron

Install the system as per Colorado Geoscience & Design, Inc. Design No 16-3134, revised on 7/3/19 with revised site plan on 8/5/19.

FOR AN ON-SITE WASTE WATER TREATMENT SYSTEM

CONDITIONS FOR INSTALLATION

Installers must be licensed by Tri-County Health Department. No installation shall be covered or used until inspected, correction made if necessary, and approved or expressly authorized by Tri-County Health Department. The system installer must provide an record drawing before the system is covered.

LIMITATIONS AND DISCLAIMER

A permit to **Install** shall expire 1 Year from the date of issuance unless extended to a fixed date upon request by the Applicant and approved by the Tri-County Health Department.

PERMIT VALID FROM:

8/6/2019 to 8/6/2020

Permit to Install An On-site Waste Water Treatment System

PROPERTY INFORMATION:		OWNER INFORMATION: Terri Carlson	
Address: 14040 Florence Ct Brighton, CO 80602--	Dwelling Type: Single Family	Address: 11741 Kearney Cc Thornton, CO 80233-	
County: Adams	No. of Bedrooms: 8		
APN: 0157122103005	Water Supply: Private Well	Phone: 720-883-1110	
	Onsite ID:		
PERMIT INFORMATION: ON0037574		Permit Type: OWTS	Construction Phase: Install - Construction



Jeff McCarron 08/06/2019



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Brighton CO 80603-8728

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Payments 866-999-4485
Report an Outage 303-637-1350

4 3194

TERRI L CARLSON
EDWARD R CARLSON
14040 FLORENCE CT
BRIGHTON CO 80602-7032



Payment Due By
11/16/2023

Total Due
\$345.96

From Date
09/25/2023

To Date
10/25/2023

Days
30

Billing Date
10/27/2023

Service Address **14040 FLORENCE CT
RESIDENCE (METER PEDESTAL)**

Account # **19826700** District **SOUTH** Cycle **12**

Small Change - Big Difference

When you round-up your monthly bill, that small change makes a big difference right here in your community. Check the box on this bill, or visit unitedpower.com to sign up.



Rate	Meter	Prev Rdg	Pres Rdg	Mult	kWh	Dmd
R1	1600749	59048	62079	1	3031	16.92

Demand Time/Date 09/29/2023 12:45 PM

ACTIVITY SINCE LAST BILL

Previous Balance 442.13
Payment Received - Thank You -442.13
Balance Forward 0.00

CURRENT BILLING DETAIL

Energy Charge 3,031 KWH @ 0.0995 301.58
Demand Charge 16.920 KW @ 1.50 25.38
Fixed Charge 19.00
Current Month 345.96

TOTAL DUE [PAID BY AUTO PAY ON 11/16/2023] 345.96

TERRI L CARLSON
EDWARD R CARLSON
14040 FLORENCE CT
BRIGHTON CO 80602-0000

Account # **19826700**

Payment Due By
11/16/2023

Total Due
\$345.96

Amount Enclosed \$ **PAID BY AUTO PAY**



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Operation Round-Up
FOUNDATION



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Call 866-999-4485



Pay Your Bill By Mail
Return Stub with check payment

Want your small change to give back? Round-up your bill to \$346.00 and check here to enroll in our Round-Up Assistance program.

Please Make Checks Payable and Return to:

UNITED POWER
PO BOX 173703
DENVER CO 80217-3703

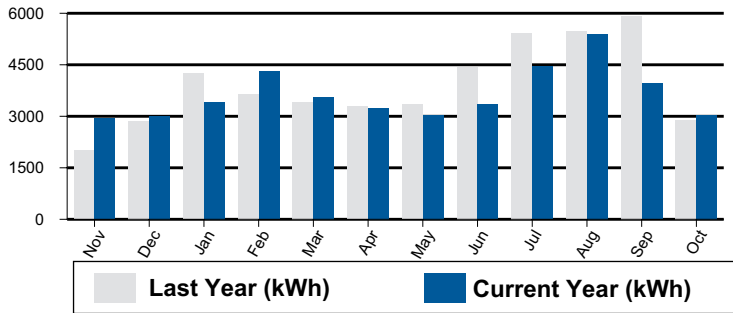
12



Electric Usage History

From Date To Date

Account # **19826700** 09/25/2023 10/25/2023



Electric Usage Comparison

Electric kWh	Days	Total kWh	Avg kWh/Day	kWh Cost/Day
Current Month	30	3031	101	\$11.53
Last Month	31	3959	128	\$14.26
One Year Ago	28	2893	103	\$11.86

Temperature Comparison

Avg Temp	57° F	Avg Temp Last Yr.	54° F
High Temp	88° F	High Temp Date	09/28/2023
Low Temp	29° F	Low Temp Date	10/15/2023



View detailed 15 minute energy consumption intervals and usage history through the Power Portal.

www.unitedpower.com/PowerPortal



UNITED POWER, INC.

500 Cooperative Way
Brighton, CO 80603

Member Services 303-637-1300

Payments - 24 hrs/day 866-999-4485

Toll Free 800-468-8809

Report an Outage
303-637-1350

www.unitedpower.com/outage

For office locations, hours and more information:

www.unitedpower.com

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Call 866-999-4485 to check account status and pay with a check or credit card (no fees) 24 hours a day.



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Walk up and pay with cash, check or card. Locations and hours at www.unitedpower.com/payments.

Other Ways to Pay

Auto Pay

Have your bill automatically paid on your due date from the payment method of your choice.

Paperless Billing

Go paper-free. Receive an email notification, not a statement in the mail. View and pay bills online.

Pay As You Go - Prepaid Billing

Avoid deposits and late fees when you prepay for electricity. You choose how much and when to pay.

Pay Now

No login or password? No problem. Make a quick payment on our website by check or credit card.

MoneyGram

Make cash payments that post immediately to your account at over 40,000 MoneyGram locations.

Budget Billing

Take the ups and downs out of your monthly budget and pay the same amount each month.

Custom Billing Period

Choose a billing timeframe that is most convenient for you, and your budget.

Bill Payment Assistance

For information or to see if you qualify for energy assistance for your winter home heating costs, contact LEAP at 1-866-HEATHelp (1-866-432-8435) or your county department of social services. Additional resources for assistance can be found at www.unitedpower.com/assistance.

Life Sustaining Equipment

Please tell us if you or a member of your household relies on life-sustaining medical devices that are dependent on electricity. We will flag your account accordingly. Protect your loved ones with a back-up plan for disasters or power outages. Learn more at www.unitedpower.com/medical-devices.

Call 811 Before You Dig

Before you begin any digging project, always have underground utilities marked. Notify the Colorado Utility Notification Center at least 3 days before digging. To schedule locates call 811 or visit www.colorado811.org.

¿Necesitas ayuda en español?

Estamos disponibles para ayudarle. Llame al 303-637-1300 opción 9, o visite www.unitedpower.com/espanol.

8 Legal Description

Subdivision: The Ridge at Riverdale

Building Address: 14040 Florence Ct, Brighton, CO

Occupancy Classification: R-3, U

Lot: 3 Block:3 Section: 22

9 Proof of Taxes Paid


- [Tax Account Search](#)
- [Shopping Cart](#)
- [My Reports](#)
- [Help](#)
- [Treasurer Main Page](#)
- [Assessor Main Page](#)
- [Adams County Main Page](#)
- [Logout public](#)

**The amount of taxes due on this page are based on last year's property value assessments.
For current year values visit the [Adams County Assessor's site](#).**

Summary

Account Id R0166888
Parcel Number 0157122103005
Owners CARLSON EDWARD R AND
Address 11741 KEARNEY CIR
THORNTON, CO 80233-5211
Situs Address 14040 FLORENCE CT
Legal SUB:THE RIDGE AT RIVERDALE SUBDIVISION BLK:3 LOT:3

Inquiry

As Of 

Payment Type First
 Second

Total Due \$0.00

Value

Area Id	Mill Levy	
290 - 290	103.1920000	
	Actual	Assessed
RES IMPRV LAND - 1112	275,000	19,110
SINGLE FAMILY RES - 1212	1,126,277	78,280
Total Value	1,401,277	97,390
Taxes		\$10,049.86

DUE DATES:

First Half Payment Due March 1
Second Half Payment Due June 15
OR
Full Payment Due April 30

If paying or corresponding by mail, please use the following addresses:

PAYMENTS ARE TO BE MAILED TO: P.O. BOX 869 BRIGHTON, CO 80601-0869

CORRESPONDENCE IS TO BE MAILED TO: 4430 South Adams County Parkway, Suite C2436 Brighton, CO 80601

11 Certificate of Surface Development

We will not be doing any additional surface development, there will be no additions.

