

Development Review Application Form

Please complete this form and include it with the submittal documents for your development review application. Applications will not be processed until all required information is provided to the satisfaction of the City of Louisville Planning Department.

Property Information

Common Address(es): _____

Legal Description:

Lot 1 _____ Block 2 _____ Subdivision _____ Redtail Ridge Filing No. 1 _____

Lot Area: _____ Sq. Ft. or 40 _____ Acres

LAND USE PROCESS (check all that apply)

- ☐ Annexation
- ☐ Concept Plan
- ☐ Easement Vacation
- ☐ Oil and Gas
- ☐ General Development Plan (GDP)
 - ☐ Amendment
 - ☐ New GDP
- ☐ Planned Unit Development (PUD)
 - ☐ Amendment
 - ☐ Preliminary
 - ☐ New PUD
- ☐ Rezoning
- ☐ Special Review Use (SRU)
 - ☒ Amendment
 - ☐ New SRU
- ☐ Subdivision
 - ☐ Final or Replat
 - ☐ Preliminary Plat
- ☐ Temporary Use Permit
- ☐ Variance
- ☐ Vested Property Right
- ☐ Wireless Facility
- ☐ Other: _____

PROJECT DESCRIPTION:

Development of AdventHealth Louisville

Property Owner Information

Name: BRETT SPENST Entity (if applicable) PORTERCARE ADVENTIST HEALTH SYSTEM

Address: 6061 S. WILLOW DRIVE, SUITE 210, GREENWOOD VILLAGE, CO 80112

Phone: _____ Email: BRETT.SPENST@ADVENTHEALTH.COM

Application Representative Information

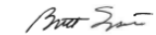
Name: VALERIE WILKINS Entity (if applicable) ADAMS MANAGEMENT SERVICES

Address: 336 BROAD STREET, SUITE 300, ROMA, GA 30161

Phone: 720-799-3041 Email: VWILKINS@ADAMSPMC.COM

Certification/Signature

I certify that the information I have submitted is true and correct to the best of my knowledge and in filing the application and submittal documents, I am acting as and/or with the knowledge and consent of those persons who are owners of the subject property or are parties to this application.



BRETT SPENST

04/10/2025

Signature*

Print Name

Date

*If acting as a representative/agent of the owner, include written authorization from the owner that certifies the agent's right to submit this application