

BERNALILLO COUNTY

Zoning, Building, Planning & Environmental Health
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Albuquerque, NM 87102
(505) 314-0350 Fax: (505) 314-0480



ZONING ADMINISTRATION APPLICATION

CONDITIONAL USE

OWNER		PHONE
MAILING ADDRESS	CITY	ZIP

AGENT		PHONE
MAILING ADDRESS	CITY	ZIP

SITE ADDRESS		
DIRECTIONS		
LEGAL DESCRIPTION		
MAP #	CURRENT ZONE(S)	PROPERTY ACREAGE
UPC #	PROPOSED ZONE(S)	SUBDIVISION NAME
EXISTING BUILDINGS & USE		
PROPOSED BUILDINGS & USE		

Conditional Use Criteria

IT IS THE BURDEN OF THE APPLICANT TO PROVE:

- the site for the proposed use is adequate in size and shape to accommodate such use;
- the site for the proposed use can be developed in such a manner that undue traffic congestion and hazards will not be created; and
- the proposed use will have no adverse effect on the neighborhood or seriously conflict with the character of the area.

I hereby acknowledge that I have read this entire application and affirm that all of the provided information is correct. I agree to comply with the requirements of Bernalillo County and the State of New Mexico as outlined in all applicable laws, ordinances and regulations.

Printed Name

Signature

Date

Discussion with County staff members regarding your request is strongly recommended prior to filing an application. The discussion will help to advise you of the relevant facts and criteria concerning the request. The Zoning Administrator cannot comment on the merits of the request prior to the hearing.

APPLICATION REQUIREMENTS FOR CONDITIONAL USE REQUESTS

Conditional use permits are based upon requests for specific activities in certain locations. These activities are specifically listed in the corresponding zone, and often include conditions and standards of approval. These conditions make possible the development of Bernalillo County in an orderly, efficient manner, and in conformity with the intended purpose of the Zoning Ordinance. Conditions may include the addition of landscaping, walls, parking areas, or other requirements to avoid noise, vibration, odor, and health hazards. Applicants are required to meet the approved conditions. Failure to do so will result in enforcement action and the possible revocation of the approval.

It is the burden of the applicant to prove:

1. The site for the proposed use is adequate in size and shape to accommodate the proposed use.
2. The site for the proposed use can be developed in such a manner that excessive traffic congestion or similar hazards will not be created.
3. The proposed use will have no adverse effect on the neighborhood nor seriously conflict with the character of the area.

Applications for conditional use approval must include the following:

_____ **5** copies of an accurate site plan indicating ALL existing and proposed buildings, structures, property dimensions and site conditions. The plans are to be DRAWN TO SCALE and of SUFFICIENT CLARITY to convey the scope of the proposal. (see attached sample)

_____ Corresponding zone atlas page indicating the location of the subject property.

_____ Completed application signed by the applicant or their designated agent.

Applications must contain:

_____ Owner's name and address

_____ Agent's name and address (if applicable), accompanied by a letter of authorization signed by the property owner

_____ Site address and Uniform Property Code number

_____ Written statement justifying the scope of the request and addressing the criteria for decision

_____ Complete and understandable directions to the property

* Medical hardship requests must include the original letter written on the doctor's letterhead outlining the specific disabilities of the patient *

CONDITIONAL USE CHECK LIST - RESIDENTIAL ZONES

<u>Proposed Use</u>	<u>Zone</u>
_____ Indicate request	
_____ Accessory building or structure in excess of 600 square feet in area	R-1, R-2, M-H
_____ Amateur radio antenna/tower (more than 65', less than 100')	A-1, A-2, R-1, R-1, M-H
_____ Bed & breakfast house	A-1, A-2
_____ Boardinghouse	R-2
_____ Church & incidental facilities	A-1, A-2, R-1, R-2, M-H
_____ Commercial/nonprofit animal establishment	A-1, A-2

Conditional Use Check List (cont.)

_____	Commercial stables, rodeo arena, polo grounds, or riding academy	A-1, A-2
_____	Day Care Center <i>A facility that provides care, services and supervision to seven or more children for a period of less than 24 hours of any day.</i>	A-1, A-2, R-1, R-2, M-H
_____	Family Day Care Home <i>An occupied dwelling in which a person provides care, services and supervision for at least three but not more than six children for a period less than 24 hours of any day.</i>	A-1, A-2, R-1, R-2, M-H
_____	Fraternity or sorority house	R-2
_____	Guest ranch & incidental facilities	A-1, A-2
_____	Kennels, animal hospital, or breeding, boarding or sale of dogs, cats and birds	A-1, A-2
_____	Mobile home used as a one-family dwelling	A-1
_____	Mobile home as second dwelling for medical hardship <u>Please fill out the attached form for a medical hardship request</u>	A-1, A-2, R-1, R-2, M-H
_____	Mobile home used as a dwelling during construction	R-1, R-2, M-H
_____	Nonprofit animal facility	A-1, A-2, R-1, R-2, M-H
_____	Park	A-1, A-2, R-1, R-2, M-H
_____	Real estate office in connection with a specific development	A-1, A-2, R-1, R-2, M-H
_____	Recreational camp, lake, swimming pool or tennis court	A-1, A-2
_____	Recreational (nonprofit) camp, lake, swimming pool or tennis court	R-1, R-2, M-H
_____	Resort; hunting, fishing, or skiing & incidental facilities	A-1, A-2
_____	School	A-1, A-2, R-1, R-2, M-H
_____	Temporary festival, circus, carnival, or activities in a tent	A-1, A-2, R-1, R-2, M-H
_____	Temporary sawmill or logging camp	A-1, A-2
_____	Temporary storage building/yard for a specific construction project	A-1, A-2, R-1, R-2, M-H

CONDITIONAL USE CHECK LIST – OFFICE, COMMERCIAL, INDUSTRIAL ZONES

O-1

- _____ Amateur radio antenna/tower (more than 65', less than 100')
- _____ Dwelling units greater than 25% of the gross floor area of a premises
- _____ Hospital for human beings or sanatorium
- _____ Parking lot fence height
- _____ Temporary storage building or yard for specific construction project
- _____ Roof-mounted wireless telecommunications facility

C-N

- _____ Amateur radio antenna/tower (more than 65', less than 100')
- _____ Bar or lounge, liquor store
- _____ Cleaning (clothes) agency or clothes pressing establishment
- _____ Clothing or shoe store, dry goods store, tailor, custom dressmaking or millinery shop
- _____ Drive-in establishment
- _____ Florist
- _____ Garage for automotive repair
- _____ Commercial animal establishment and nonprofit animal facility
- _____ Hospital for animals, kennels

Conditional Use Check List (cont.)

C-N (cont.)

- _____ Interior decorating shop
- _____ Jewelry store
- _____ Notions store
- _____ Paint store
- _____ Pet shop, bird store, taxidermist
- _____ Photography studio
- _____ Shoe repair shop, shoeshine stand
- _____ Mobile home for watchman/caretaker
- _____ Studio for instruction in music or dance

C-1

- _____ Amateur radio antenna/tower (more than 65', less than 100')
- _____ Hospital for animals, kennels
- _____ Hospital for human beings or sanatorium
- _____ Mortuary
- _____ Mobile home for watchman/caretaker
- _____ Stand for sale or fruit, vegetables, or nursery stock
- _____ Temporary storage building or yard for specific construction project
- _____ Roof-mounted wireless telecommunications facility
- _____ Parking lot fence height

C-2

- _____ Adult amusement establishment
- _____ Amusement enterprise
- _____ Auction yard or structure or flea market
- _____ Firewood sales
- _____ Mobile home for watchman/caretaker
- _____ Blood bank, plasma center
- _____ Bar and lounge
- _____ Parking lot fence height

M-1

- _____ Asphalt batching plan
- _____ Parking lot fence height

M-2

- _____ Distillation of bones
- _____ Fat rendering
- _____ Manufacturing of explosives, fertilizer, glue, lime, gypsum, plaster of paris
- _____ Stockyard, feeding pen
- _____ Slaughter of animals
- _____ Tannery, curing of raw hides
- _____ Wool pulling or scouring
- _____ Parking lot fence height

WRITTEN EXPLANATION

Please complete the following information as it relates to your request. Use separate sheets if necessary. If your request is to allow a mobile home for a medical hardship, also fill out the "Medical Hardship" form.

Explain how the site for the proposed use is adequate in size and shape:

Explain how the site for the proposed use can be developed so that undue traffic congestion or hazards will not be created:

Conditional Use Written Statements (cont.)

Explain how the proposed use will not have an adverse effect on the neighborhood or seriously conflict with the character of the area:

Explain the specific details concerning your proposal (hours of operation, size of buildings, numbers of clients, etc.):

Discussion with County staff members regarding your request is strongly recommended prior to filing an application. The discussion will help to advise you of the relevant facts and criteria concerning the request. The Zoning Administrator cannot comment on the merits of the request prior to the hearing.

FILING FEES

\$100.00 for conditional use requests for more than one dwelling unit or mobile home per lot
\$75.00 for all other conditional use requests

SIGN POSTING INSTRUCTIONS

As required by the Comprehensive Zoning Ordinance of Bernalillo County, persons scheduled for hearing are required to post and maintain one or more signs on their property to assist in advertising the application and describing its purpose. Applicants, or their agents, will receive their signs at the time their application is filed.

1. LOCATION

- a. Signs shall be conspicuously located on the property and within twenty (20) feet of any property line that abuts a street. Signs must be placed at the edge of the property closest to the street if the property does not abut a street.
- b. The face of the sign shall be parallel to the street. The bottom of edge of the sign shall be at least two (2) feet, but not more than seven (7) feet, above grade.
- c. No barrier shall prevent a person from coming within five (5) feet of the sign in order to read it.

2. NUMBER

- a. A sign shall be placed on each street frontage abutting the subject property.
- b. If the property does not abut a street, a sign must be placed at the edge of the property nearest the public street.

3. DURATION OF POSTING

- a. Signs are to be posted 15 days before and after the hearing date.
- b. Failure to properly post and maintain the sign(s) is grounds for deferral or denial of the request.

Posting Suggestions:

Heavy stakes with crossbar supports or plywood backing typically works best to keep the sign in place, especially during high winds. Signs will tear less easily if they are attached to the support system with large-headed nails or staples.

I acknowledge that I have read and understand the "Sign Posting Instructions". I also understand my obligation to post the provided signs for the required period of time, as well as their proper posting location(s).

Signature of applicant / agent

Date

APPLICANTS / AGENTS WILL RECEIVE A COPY OF THIS DOCUMENT

Staff: _____

Number of signs issued: _____

Case number: ZA-_____

SIGNS MUST BE POSTED FROM _____ TO _____.

THE SCHEDULED PUBLIC HEARING FOR THIS REQUEST WILL BE HELD ON

_____.

CONDITIONAL USE REQUEST TO ALLOW A MOBILE HOME
IN ADDITION TO AN EXISTING SINGLE-FAMILY DWELLING
FOR A DOCUMENTED MEDICAL HARDSHIP

**PLEASE TYPE OR PRINT - THIS FORM IS TO BE FILLED OUT ONLY IF YOU ARE
REQUESTING A MOBILE HOME TO BE USED FOR A MEDICAL HARDSHIP**

Name of individual(s) in need of assistance:

Name of individual(s) providing care:

Relationship:

Documented disabilities:

Physician attesting to need for assistance:

Name: _____

Address: _____

(Check one)

This is _____ the first request for this approval.
_____ a request for renewal of previous approval (case number # _____).

Who will be living in the mobile home?

Who will be living in the existing single-family dwelling unit?

All requests for a mobile home to be used as a second dwelling for a medical hardship must include a statement of need and necessity from a licensed physician attesting to the disabilities of the individual(s) requiring assistance. The statement must be written on the doctor's letterhead, signed by the doctor, list the patient's disabilities, and provide other pertinent details.

As required by ordinance, the mobile home is to be removed from the property when the medical hardship no longer exists. The use of the mobile home as a rental unit is strictly prohibited.