



Supplemental form

SUBDIVISION

- ___ Major Subdivision action
- ___ Minor Subdivision action
- ___ Vacation
- ___ Variance (Non-Zoning)

SITE DEVELOPMENT PLAN

- ___ for Subdivision
- ___ for Building Permit
- ___ Administrative Amendment (AA)
- ___ IP Master Development Plan
- ___ Cert. of Appropriateness (LUCC)

STORM DRAINAGE (Form D)

- ___ Storm Drainage Cost Allocation Plan

S Z ZONING & PLANNING

- ___ Annexation
- ___ County Submittal
- V** ___ EPC Submittal
- ___ Zone Map Amendment (Establish or Change Zoning)
- P** ___ Sector Plan (Phase I, II, III)
- ___ Amendment to Sector, Area, Facility or Comprehensive Plan
- ___ Text Amendment (Zoning Code/Sub Regs)
- D** ___ Street Name Change (Local & Collector)
- L A** **APPEAL / PROTEST of...**
- ___ Decision by: DRB, EPC, LUCC, Planning Director or Staff, ZHE, Zoning Board of Appeals

PRINT OR TYPE IN BLACK INK ONLY. The applicant or agent must submit the completed application in person to the Planning Department Development Services Center, 600 2nd Street NW, Albuquerque, NM 87102. Fees must be paid at the time of application. Refer to supplemental forms for submittal requirements.

APPLICATION INFORMATION:

Professional/Agent (if any): _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE _____ ZIP _____ E-MAIL: _____

APPLICANT: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE _____ ZIP _____ E-MAIL: _____

Proprietary interest in site: _____ List all owners: _____

DESCRIPTION OF REQUEST: _____

Is the applicant seeking incentives pursuant to the Family Housing Development Program? ___ Yes. ___ No.

SITE INFORMATION: ACCURACY OF THE EXISTING LEGAL DESCRIPTION IS CRUCIAL! ATTACH A SEPARATE SHEET IF NECESSARY.

Lot or Tract No. _____ Block: _____ Unit: _____

Subdiv/Addn/TBKA: _____

Existing Zoning: _____ Proposed zoning: _____ MRGCD Map No _____

Zone Atlas page(s): _____ UPC Code: _____

CASE HISTORY:

List any current or prior case number that may be relevant to your application (Proj., App., DRB-, AX_,Z_, V_, S_, etc.): _____

CASE INFORMATION:

Within city limits? ___ Yes Within 1000FT of a landfill? _____

No. of existing lots: _____ No. of proposed lots: _____ Total area of site (acres): _____

LOCATION OF PROPERTY BY STREETS: On or Near: _____

Between: _____ and _____

Check-off if project was previously reviewed by Sketch Plat/Plan , or Pre-application Review Team . Date of review: _____

SIGNATURE _____ DATE _____

(Print) _____ Applicant: Agent:

FOR OFFICIAL USE ONLY

Form revised 4/07

<input type="checkbox"/> INTERNAL ROUTING	Application case numbers	Action	S.F.	Fees
<input type="checkbox"/> All checklists are complete	_____ - _____	_____	_____	\$ _____
<input type="checkbox"/> All fees have been collected	_____ - _____	_____	_____	\$ _____
<input type="checkbox"/> All case #s are assigned	_____ - _____	_____	_____	\$ _____
<input type="checkbox"/> AGIS copy has been sent	_____ - _____	_____	_____	\$ _____
<input type="checkbox"/> Case history #s are listed	_____ - _____	_____	_____	\$ _____
<input type="checkbox"/> Site is within 1000ft of a landfill	_____ - _____	_____	_____	\$ _____
<input type="checkbox"/> F.H.D.P. density bonus				Total
<input type="checkbox"/> F.H.D.P. fee rebate	Hearing date _____			\$ _____

Project # _____

Planner signature / date _____