

BERNALILLO COUNTY  
Zoning, Building & Planning Department  
Office of the Zoning Administrator  
111 Union Square SE, Suite 100  
Albuquerque, New Mexico 87102  
(505) 314-0350 - office  
(505) 314-0480 - facsimile

## REQUEST FOR STATEMENT OF ZONAL CERTIFICATION

Please print or type

### SUBJECT PROPERTY

Site address: \_\_\_\_\_

General location description: \_\_\_\_\_  
(cross streets, landmarks, identifying features)

Legal description: Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Subdiv \_\_\_\_\_

UPC# \_\_\_\_\_ Map Page: \_\_\_\_\_ Zone: \_\_\_\_\_

### CONTACT PERSON

Applicant's name: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

City/State \_\_\_\_\_ Phone: \_\_\_\_\_

Property owner's name: \_\_\_\_\_

Owner's address: \_\_\_\_\_

City/State \_\_\_\_\_ Phone: \_\_\_\_\_

### STATEMENT INFORMATION

Check one

\_\_\_\_\_ General certification      OR      \_\_\_\_\_ Use-specific certification (please explain)

\_\_\_\_\_  
\_\_\_\_\_

Statement should be addressed to: \_\_\_\_\_

Name / Company

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City/State

Zip

**ALL CERTIFICATION STATEMENTS WILL BE SENT BY MAIL UNLESS OTHERWISE NOTED**

\_\_\_\_\_ Fax a copy to \_\_\_\_\_

\_\_\_\_\_ Contact when completed; applicant will pick up certification statement

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date