

OFFICIAL PUBLIC NOTIFICATION FORM FOR MAILED OR ELECTRONIC MAIL NOTICE CITY OF ALBUQUERQUE PLANNING DEPARTMENT



PART I - PROCESS		
Use Table 6-1-1 in the Integrated Development Ordina	ance (IDO) to answer the following:	
Application Type: Conditional-use for Overnight She	elter	
Decision-making Body: Zoning Heaing Examiner (ZHE	,	
Pre-Application meeting required:	⊻ Yes □ No	
Neighborhood meeting required:	⊻Yes ☑ No	
Mailed Notice required:	⊻Yes □ No	
Electronic Mail required:	Yes □ No	
Is this a Site Plan Application:	☐ Yes ☑ No Note : if yes, see second page	
PART II – DETAILS OF REQUEST		
Address of property listed in application: 5400 Gib	oson Blvd. SE	
Name of property owner: City of Albuquerque		
Name of applicant: City of Albuquerque, Family and C	Community Services	
Date, time, and place of public meeting or hearing, if a	applicable:	
Tuesday, June 22, 2021, 5:30 - 7:30 PM via Zoom. Z		
Address, phone number, or website for additional info		
Agent: Jacqueline Fishman, Principal, Consensus Planning		
PART III - ATTACHMENTS REQUIRED WITH TH	IIS NOTICE	
✓Zone Atlas page indicating subject property.		
☑ Drawings, elevations, or other illustrations of this re	equest.	
Summary of pre-submittal neighborhood meeting, i	if applicable.	
☑ Summary of request, including explanations of devia	ations, variances, or waivers.	
IMPORTANT: PUBLIC NOTICE MUST BE MAD	E IN A TIMELY MANNER PURSUANT TO	
SUBSECTION 14-16-6-4(K) OF THE INTEGRATE	ED DEVELOPMENT ORDINANCE (IDO).	
PROOF OF NOTICE WITH ALL REQUIRED ATTACHMENTS MUST BE PRESENTED UPON		
APPLICATION.		
I certify that the information I have included here and s	sent in the required notice was complete, true, and	
accurate to the extent of my knowledge.		

Note: Providing incomplete information may require re-sending public notice. Providing false or misleading information is a violation of the IDO pursuant to IDO Subsection 14-16-6-9(B)(3) and may lead to a denial of your application.

(Applicant signature)

June 04, 2021

(Date)



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PART IV – ATTACHMENTS REQUIRED FOR SITE PLAN APPLICATIONS ONLY
Provide a site plan that shows, at a minimum, the following:
№a. Location of proposed buildings and landscape areas.
№b. Access and circulation for vehicles and pedestrians.
WAc. Maximum height of any proposed structures, with building elevations.
NA d. For residential development: Maximum number of proposed dwelling units.
NAe. For non-residential development:
☐ Total gross floor area of proposed project.
☐ Gross floor area for each proposed use.

REQUEST FOR NEIGHBORHOOD MEETING

Date:
To Whom This May Concern:
I am requesting approval from the Zoning Hearing Examiner within the City of Albuquerque for
a conditional use or variance to allow <u>an overnight shelter in a portion of the Gibson Medical Center.</u> This request is for the City's Gateway Center.
Property owner City of Albuquerque, Family and Community Services
Agent if applicable Jacqueline Fishman, AICP, Principal, Consensus Planning
Property Address 5400 Gibson Blvd. SE, Albuquerque, NM, 87108 (zip code).
This letter is an offer to meet with you to provide additional information. If you wish to meet,
please respond within 15 days. If you do not want to meet, or you support the proposal, please let me know.
Thank you,
Applicant Name Jacqueline Fishman (Agent)
Email fishman@consensusplanning.com
Phone Number(505) 764-9801

The City may require the applicant to attend a City-sponsored facilitated meeting with the Neighborhood Associations whose boundaries include or are adjacent to the proposed project, based on the complexity and potential impacts of a proposed project. For more information, please contact the ZHE Administrative Assistant Suzie Sanchez at 505-924-3894 or suzannasanchez@cabq.gov.

Please note: "You may submit written comments to the Zoning Hearing Examiner up to 6 days before the hearing (5pm on the Wednesday before the hearing). Written comments received after that deadline will not be taken into consideration for this application.

Neighborhood Meeting Request for a Proposed Project in the City of Albuquerque

Date o	of Request*: June 4, 2021
This re	equest for a Neighborhood Meeting for a proposed project is provided as required by Integrated
Develo	opment Ordinance (IDO) Subsection 14-16-6-4(K) Public Notice to:
Neighl	District 6 Coalition of Neighborhood Associations and borhood Association (NA)*: South San Pedro Neighborhood Association.
Name	of NA Representative*: Mandy Warr, Patricia Willson, Zabdiel Aldaz, Khadijah Bottom
	mandy@theremedydayspa.com, info@willsonstudio.com Address* or Mailing Address* of NA Representative¹: zabdiel505@gmail.com, khadijahasili@vizionz.org
The ap	oplication is not yet submitted. If you would like to have a Neighborhood Meeting about this
propos	sed project, please respond to this request within 15 days. ²
	Email address to respond yes or no: fishman@consensusplanning.com
The ap	oplicant may specify a Neighborhood Meeting date that must be at least 15 days from the Date of
Reque	st above, unless you agree to an earlier date.
	Meeting Date / Time / Location: Tuesday, June 22, 2021, 5:30-7:00 PM via Zoom using the following link:
	https://bit.ly/2SVSXxt
Projec	t Information Required by IDO Subsection 14-16-6-4(K)(1)(a)
1.	Subject Property Address*_5400 Gibson Blvd. SE, 87108
	Location Description Existing Gibson Medical Center
2.	Property Owner* City of Albuquerque, Family and Community Services
2. 3.	Jacquelina Fishman AICD Dringing Concensus Diaming
3.	, ,
3.	Agent/Applicant* [if applicable] Jacqueline Fishman, AICP, Principal, Consensus Planning
3.	Agent/Applicant* [if applicable] Jacqueline Fishman, AICP, Principal, Consensus Planning Application(s) Type* per IDO Table 6-1-1 [mark all that apply]
3.	Agent/Applicant* [if applicable] Jacqueline Fishman, AICP, Principal, Consensus Planning Application(s) Type* per IDO Table 6-1-1 [mark all that apply] Conditional Use Approval

¹ Pursuant to <u>IDO Subsection 14-16-6-4(K)(5)(a)</u>, email is sufficient if on file with the Office of Neighborhood Coordination. If no email address is on file for a particular NA representative, notice must be mailed to the mailing address on file for that representative.

² If no one replies to this request, the applicant may be submitted to the City to begin the review/decision process.

		(Easement/Private Way or Public Right-of-way)
	□ Variance	
	Waiver	
	☐ Zoning Map Amendment	
	Other:	
	Summary of project/request ³ *:	
Condi	tional use request for an overnight shelte	er in a portion of the existing Gibson Medical Center.
The o	vernight shelter is for the City's Gateway	Project.
5.	This type of application will be decided by*:	☐ City Staff
	OR at a public meeting or hearing by:	
	✓Zoning Hearing Examiner (ZHE)	☐ Development Review Board (DRB)
	☐ Landmarks Commission (LC)	☐ Environmental Planning Commission (EPC)
	☐ City Council	
6.	Where more information about the project car Please contact Jacqueline Fishman at fishman	
Projec	t Information Required for Mail/Email Noti	ce by <u>IDO Subsection 6-4(K)(1)(b)</u> :
1.	Zone Atlas Page(s)*5 M-18	
2.	Architectural drawings, elevations of the propo	osed building(s) or other illustrations of the
	proposed application, as relevant*: Attached t	o notice or provided via website noted above
3.	The following exceptions to IDO standards will	be requested for this project*:
	☐ Deviation(s) ☐ Variance(s)	☐ Waiver(s)
	Explanation:	
	None requested.	
4	As offered a December 1991 North Land	TV
4.	An offer of a Pre-submittal Neighborhood Mee	ting is required by Table 6-1-1*:

[Note: Items with an asterisk (*) are required.]

³ Attach additional information, as needed to explain the project/request. Note that information provided in this meeting request is conceptual and constitutes a draft intended to provide sufficient information for discussion of concerns and opportunities.

⁴ Address (mailing or email), phone number, or website to be provided by the applicant

⁵ Available online here: <u>http://data.cabq.gov/business/zoneatlas/</u>

[Note: Items with	an	asterisk ((*) are	required.]

	5.	For	Site Plan Applications only*, attach site plan showing, at a minimum:
			a. Location of proposed buildings and landscape areas.*
			b. Access and circulation for vehicles and pedestrians.*
			c. Maximum height of any proposed structures, with building elevations.*
			d. For residential development*: Maximum number of proposed dwelling units.
			e. For non-residential development*:
			☐ Total gross floor area of proposed project.
			☐ Gross floor area for each proposed use.
	Ad	diti	onal Information:
	1.	Frc	om the IDO Zoning Map ⁶ :
		a.	Area of Property [typically in acres] 20.4 acres
		b.	IDO Zone District Mixed-use High Intensity (MX-H)
		c.	Overlay Zone(s) [if applicable] Airport Protection Overlay Zone (APO)
		d.	Center or Corridor Area [if applicable] Center: Lovelace/VA Employment Center
	2.	Cu	rrent Land Use(s) [vacant, if none] Institutional / Medical
Use	ful	Link	s
		Inte	egrated Development Ordinance (IDO):
		<u>htt</u>	ps://ido.abc-zone.com/
		IDC	O Interactive Map
		<u>htt</u>	ps://tinyurl.com/IDOzoningmap
Cc:	Eld	der	Homestead Neighborhood Association [Other Neighborhood Associations, if any]
	Pa	arkla	and Hills Neighborhood Association
	Tr	uml	oull Village Association
	Si	est	a Hills Neighborhood Association
	Sc	outh	San Pedro Neighborhood Association

⁶ Available here: https://tinurl.com/idozoningmap







