



Supplemental Form (SF)

SUBDIVISION

- Major subdivision action
- Minor subdivision action
- Vacation
- Variance (Non-Zoning)

SITE DEVELOPMENT PLAN

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

STORM DRAINAGE (Form D)

- Storm Drainage Cost Allocation Plan

S Z ZONING & PLANNING

- Annexation
- V** Zone Map Amendment (Establish or Change Zoning, includes Zoning within Sector Development Plans)
- P** Adoption of Rank 2 or 3 Plan or similar
- Text Amendment to Adopted Rank 1, 2 or 3 Plan(s), Zoning Code, or Subd. Regulations
- D** Street Name Change (Local & Collector)
- L A** **APPEAL / PROTEST of...**
- Decision by: DRB, EPC, LUCC, Planning Director, ZEO, ZHE, Board of Appeals, other

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 site area (acres): _____
 LOCATION OF PROPERTY BY STREETS: On or Near: _____
 Between: _____ and _____
 Check if project was previously reviewed by: Sketch Plat/Plan or Pre-application Review Team(PRT) . Review Date: _____

SIGNATURE _____ **DATE** _____
 (Print Name) _____ Applicant: Agent:

FOR OFFICIAL USE ONLY

Revised: 4/2012

<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 # _____

Staff signature & Date _____