CITY OF ALBUQUERQUE
CODE ENFORCEMENT DIVISION
APPLICATION FOR ZONAL CERTIFICATION

PLEASE TYPE OR PRINT. COMPLETE ALL SECTIONS.

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE 1: _____

PHONE 2: _____

FAX: _____

☐ **CHECK HERE TO RECEIVE A RESPONSE VIA FAX; ORIGINAL WILL BE MAILED.**

PROPERTY TO BE CERTIFIED:

ADDRESS: _____

LOT(S) / TRACT(S): _____ BLOCK(S): _____

SUBDIVISION: _____

UNIFORM PROPERTY CODE: _____

CURRENT USE:

_____

PROPERTY OWNER (IF DIFFERENT FROM APPLICANT):

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

SPECIAL INSTRUCTIONS:

_____

I HEREBY AUTHORIZE ZONING ENFORCEMENT STAFF TO INSPECT THIS PROPERTY FOR THE PURPOSE OF DETERMINING THE STATUS OF THE USE; FURTHER, I UNDERSTAND THAT ANY AND ALL VIOLATIONS NOTED AS A RESULT OF THIS INSPECTION ARE SUBJECT TO <u>IMMEDIATE CORRECTION</u>.

BY: _____ **DATE:** _____

OWNER / AGENT SIGNATURE

OFFICIAL USE ONLY

APPLICATION ACCEPTED AND REVIEWED BY: _____ DATE: _____

ZONE: _____ MAP: _____ INSPECTOR ASSIGNED: _____

RESEARCH, FIELD INVESTIGATION / ZONAL CERTIFICATION PROCESSING FEE IS $165.00. IN ADDITION, PER SECTION 14-16-4-6(C) OF THE COMPREHENSIVE CITY ZONING CODE, AN ADDITIONAL $35.00 FEE WILL BE ASSESSED BY THE CITY OF ALBUQUERQUE.

TOTAL FEES: $200.00 **ACCOUNT #441008-4916000** **REVISED 3/2010**