



Supplemental Form (SF)

SUBDIVISION

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

SITE DEVELOPMENT PLAN

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

STORM DRAINAGE (Form D)

- Storm Drainage Cost Allocation Plan

S Z ZONING & PLANNING

- Annexation
- Zone Map Amendment (Establish or Change Zoning, includes Zoning within Sector Development Plans)
- 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
- Street Name Change (Local & Collector)
- 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): Glenn Broughton, Bohannon Huston, Inc. PHONE: 823-1000
 ADDRESS: 7500 Jefferson NE FAX: 798-7988
 CITY: Albuquerque STATE NM ZIP 87109 E-MAIL: gbrought@bhinc.com
 APPLICANT: Presbyterian Healthcare Services PHONE: _____
 ADDRESS: 1100 Central Avenue SE FAX: _____
 CITY: Albuquerque STATE NM ZIP 87106 E-MAIL: _____
 Proprietary interest in site: Owner 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. 1, 2, 3,4 and 9 Block: _____ Unit: _____
 Subdiv/Addn/TBKA: Presbyterian Hospital Main Campus
 Existing Zoning: SU-1 / SU-2 Hosp and related Proposed zoning: No Change MRGCD Map No. _____
 Zone Atlas page(s): ^{uses} K-15-Z UPC Code: 101505712130620335, 101505714027920312,
101505717828920408, 101505721428521212,
101505720523232101

CASE HISTORY:

List any current or prior case number that may be relevant to your application (Proj., App., **DRB**, AX, Z, V, S, etc.): 100057506-DRB-0072

CASE INFORMATION:

Within city limits? Yes Within 1000FT of a landfill? No
 No. of existing lots: 5 No. of proposed lots: 5 Total site area (acres): 21.31
 LOCATION OF PROPERTY BY STREETS: On or Near: Southeast corner of Central Ave & Oak St.
 Between: _____ and _____
 Check if project was previously reviewed by: Sketch Plat/Plan or Pre-application Review Team(PRT) Review Date: _____

SIGNATURE

Glenn Broughton DATE 11/11/16
 (Print Name) Glenn Broughton Applicant: Agent:

FOR OFFICIAL USE ONLY

Revised: 11/2014

<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 _____