

# City of Albuquerque



## DEVELOPMENT/ PLAN REVIEW APPLICATION

Supplemental form

**SUBDIVISION**

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

**SITE DEVELOPMENT PLAN**

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

**STORM DRAINAGE (Form D)**

- Storm Drainage Cost Allocation Plan

**S Z ZONING & PLANNING**

- Annexation
- County Submittal
- EPC Submittal
- Zone Map Amendment (Establish or Change Zoning)
- Sector Plan (Phase I, II, III)
- Amendment to Sector, Area, Facility or Comprehensive Plan
- Text Amendment (Zoning Code/Sub Regs)
- Street Name Change (Local & Collector)
- L A APPEAL / PROTEST of...**
- Decision by: DRB, EPC, LUCC, Planning Director or Staff, ZHE, Zoning Board of Appeals

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 2<sup>nd</sup> 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, Bohannan Huston, Inc. PHONE: 823-100  
 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 Centrla Avenue SE FAX: \_\_\_\_\_  
 CITY: Albuquerque STATE NM ZIP 87106 E-MAIL: \_\_\_\_\_  
 Proprietary interest in site: Owner List all owners: \_\_\_\_\_

DESCRIPTION OF REQUEST: Public sidewalk and PUE vacation, Cedar, Central to Silver and Tract 9 Presbyterian Hospital Main Campus

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. 1-9 Block: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Subdiv/Addn/TBKA: Presbyterian Hospital Main Campus  
 Existing Zoning: SU-1/SU-2 Hosp and related uses Proposed zoning: No Change MRGCD Map No \_\_\_\_\_  
 Zone Atlas page(s): K-15-Z 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.): 100057506-DRB-0072

**CASE INFORMATION:**

Within city limits?  Yes Within 1000FT of a landfill?  No  
 No. of existing lots: \_\_\_\_\_ No. of proposed lots: \_\_\_\_\_ Total area of site (acres): \_\_\_\_\_  
 LOCATION OF PROPERTY BY STREETS: On or Near: Central and I-25  
 Between: \_\_\_\_\_ and \_\_\_\_\_

Check-off if project was previously reviewed by Sketch Plat/Plan , or Pre-application Review Team . Date of review: \_\_\_\_\_

SIGNATURE Glenn Broughton DATE 3/25/16  
 (Print) Glenn Broughton Applicant:  Agent:

**FOR OFFICIAL USE ONLY**

Form revised 4/07

<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 # \_\_\_\_\_

Planner signature / date \_\_\_\_\_