



**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

Supplemental Form (SF)

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)
- 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 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): Consolidated Solar Technologies LLC PHONE: (505) 792-6359  
 ADDRESS: 5225 Pino Ave NE FAX: \_\_\_\_\_  
 CITY: Albuquerque STATE NM ZIP 87109 E-MAIL: wwood@gocstsolar.com  
 APPLICANT: CCC&S I, LLLP and Rio Grande-Alameda Ltd. PHONE: (505) 345-4444  
 ADDRESS: 703 Osuna Rd. NE Ste. 6 Facility Address: 3901 Masthead St NE FAX: \_\_\_\_\_  
 CITY: Albuquerque STATE NM ZIP 87109 E-MAIL: midwayleasing@comcast.net  
 Proprietary interest in site: D. McCall List all owners: N/A

**DESCRIPTION OF REQUEST:** The building will be a utility solar carport structure, this structure will not affect traffic flow.  
Minor Change.

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. 2 B Block: N/A Unit: 2 JC  
 Subdiv/Addn/TBKA: Journal Center fase two unit 2  
 Existing Zoning: iP Proposed zoning: No Change MRGCD Map No N/A  
 Zone Atlas page(s): D-17 UPC Code: 101706316526330416

**CASE HISTORY:**

List any current or prior case number that may be relevant to your application (Proj., App., DRB-, AX-, Z-, V-, S-, etc.): 1004279

**CASE INFORMATION:**

Within city limits?  Yes Within 1000FT of a landfill?  No  
 No. of existing lots: 1 No. of proposed lots: 1 Total site area (acres): 2.06

LOCATION OF PROPERTY BY STREETS: On or Near: 3901 Masthead St NE

Between: Washington St N and Barlett

Check if project was previously reviewed by: Sketch Plat/Plan  or Pre-application Review Team(PRT)  Review Date: \_\_\_\_\_

SIGNATURE Wyatt Wood DATE 4/19/2017

(Print Name) Wyatt Wood Applicant:  Agent:

**FOR OFFICIAL USE ONLY**

Revised: 11/2014

|  | Application case numbers | Action | S.F. | Fees           |
|--|--------------------------|--------|------|----------------|
| <input type="checkbox"/> INTERNAL ROUTING                    |                          |        |      |                |
| <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              |                          |        |      | \$ _____       |
| <input type="checkbox"/> F.H.D.P. fee rebate                 |                          |        |      | \$ _____       |
|  | Hearing date _____       |        |      | Total \$ _____ |

Project # \_\_\_\_\_

Staff signature & Date \_\_\_\_\_