### CITY OF ALBUQUERQUE PLANNING DEPARTMENT October 16, 2013 DRB Comments

ITEM#8

PROJECT # 1004323

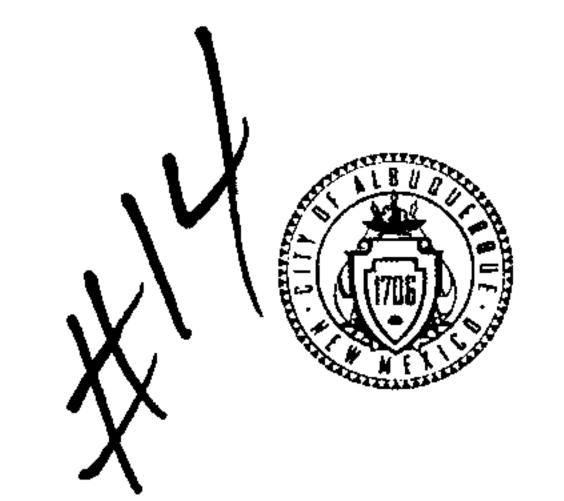
**APPLICATION # 13-70699** 

RE: Lots 4-A & 6-A, Block 7, John Baron Burg Park

Proposed Lot 4-A-1 does not conform to minimum lot area requirement of the S-R Zone [§ 14-14-2-2 of the Subdivision Ordinance]; a lot size variance would be required.

If existing wall is not moved to coincide with proposed lot line, this plat would create unusable and un-maintainable space and thus would not comply with the other Fundamental Considerations of the Subdivision Ordinance [§ 14-14-2-1 and -3].

Jack Cloud, DRB Chairman 924-3880/ jcloud@cabq.gov

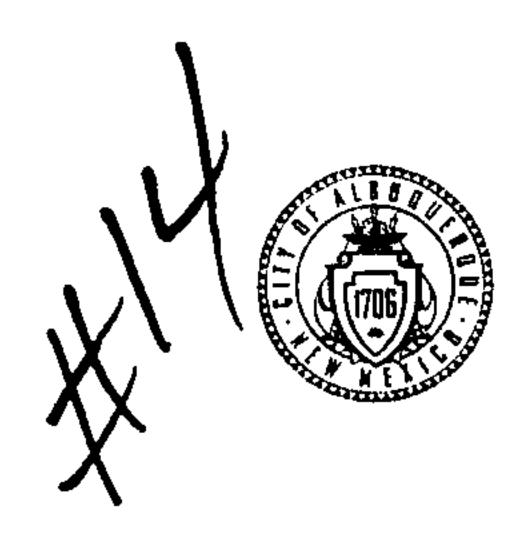


DRB CASE ACTION LOG (PREL & FINAL)

REVISED 2/5/04

This sheet must accompany your plat or site plan to obtain delegated signatures. Return sheet with site plan/plat once comments are addressed.

| DRB Application No.: 05DRB-01144 (P&F)                                                                                                                                                                                  | Project # 1004323                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project Name: JOHN BARON BURG PARK Agent: Surveys Southwest Ltd                                                                                                                                                         | Phone No.: 998-0303                                                                                                                                                                                                  |
|                                                                                                                                                                                                                         | (FINAL PLATS)) (MASTER DEVELOP. PLAN), was delegation of signature(s) to the following departments.                                                                                                                  |
| TRANSPORTATION:                                                                                                                                                                                                         |                                                                                                                                                                                                                      |
| UTILITIES:                                                                                                                                                                                                              |                                                                                                                                                                                                                      |
| CITY ENGINEER / AMAFCA:                                                                                                                                                                                                 |                                                                                                                                                                                                                      |
| PARKS / CIP:                                                                                                                                                                                                            |                                                                                                                                                                                                                      |
| PLANNING (Last to sign): See                                                                                                                                                                                            | extibosos                                                                                                                                                                                                            |
| -The original plat and a mylar of -Tax certificate from the Country -Recording fee (checks payable -Tax printout from the County / Include 3 copies of the approach County Treasurer's signature with the County Clerk. | Treasurer. le to the County Clerk). RECORDED DATE: Assessor.  oved site plan along with the originals.  e must be obtained prior to the recording of the plat  ature must be obtained prior to Planning Department's |



## DRB CASE ACTION LOG (PREL & FINAL)

**REVISED 2/5/04** 

This sheet must accompany your plat or site plan to obtain delegated signatures. Return sheet with site plan/plat once comments are addressed.

| DRB Application No.: 05DRB-01144 (P&F)                                                                                                                                                                                           | Project # 1004323                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project Name: JOHN BARON BURG PARK                                                                                                                                                                                               | Dhana Na : 000 0202                                                                                                                                                                                        |
| Agent: Surveys Southwest Ltd                                                                                                                                                                                                     | Phone No.: 998-0303                                                                                                                                                                                        |
| Your request for (SDP for SUB), (SDP for BP), approved on 120 by the DRB with doubtstanding signatures comments to                                                                                                               | (FINAL PLATS)) (MASTER DEVELOP. PLAN), was lelegation of signature(s) to the following departments.  O BE ADDRESSED                                                                                        |
| TRANSPORTATION:                                                                                                                                                                                                                  |                                                                                                                                                                                                            |
| UTILITIES:                                                                                                                                                                                                                       |                                                                                                                                                                                                            |
| CITY ENGINEER / AMAFCA:                                                                                                                                                                                                          |                                                                                                                                                                                                            |
| PARKS / CIP:                                                                                                                                                                                                                     |                                                                                                                                                                                                            |
| PLANNING (Last to sign): See                                                                                                                                                                                                     | 15 Ketch) Clarific (and to)                                                                                                                                                                                |
| -The original plat and a mylar of the Count -Tax certificate from the Count -Recording fee (checks payable -Tax printout from the County Include 3 copies of the approach to County Treasurer's signature with the County Clerk. | le to the County Clerk). RECORDED DATE:  Assessor.  Oved site plan along with the originals.  E must be obtained prior to the recording of the plat  ature must be obtained prior to Planning Department's |



## DEVELOPMENT REVIEW BOARD ACTION SHEET

#### Plaza del Sol Hearing Room, Basement, Plaza del Sol Building

July 20, 2005

9:00 a.m.

**MEMBERS:** 

Sheran Matson, AICP, DRB Chair Claire Senova, Administrative Assistant

Wilfred Gallegos, Transportation Development Brad Bingham, Alternate City Engineer

Roger Green, Utility Development Christina Sandoval, Parks & Recreation

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

NOTE: UNLESS ANNOUNCED DURING THE MEETING, THE DEVELOPMENT REVIEW BOARD WILL NOT TAKE A LUNCH BREAK.

NOTE: INDIVIDUALS WITH DISABILITIES WHO NEED SPECIAL ASSISTANCE TO PARTICIPATE AT THIS MEETING SHOULD CONTACT CLAIRE SENOVA, PLANNING DEPARTMENT, AT 924-3946. HEARING IMPAIRED USERS MAY CONTACT HER VIA THE NEW MEXICO RELAY NETWORK BY CALLING TOLL-FREE:1-800-659-8331.

NOTE: REQUESTS FOR DEFERRAL OF CASES WILL BE DISCUSSED BY THE BOARD AND THE APPLICANT AND/OR AGENT AT THE BEGINNING OF THE AGENDA. BOTH PARTIES MUST AGREE UPON THE DATE OF DEFERRAL. IF THE APPLICANT/AGENT IS NOT PRESENT, THE ADMINISTRATIVE ASSISTANT MUST RECEIVE A LETTER, PRIOR TO THE HEARING DATE, REQUESTING A SPECIFIC DEFERRAL DATE. THE BOARD WILL DISCUSS AND MAKE A DECISION AT THE HEARING. THE APPLICANT/AGENT WILL THEN BE INFORMED OF THE DEFERRAL DATE AND REASON.

A. Call to Order: 9:00 a.m.

Adjourned: 10:45 a.m.

- B. Changes and/or Additions to the Agenda
- C. New or Old Business

## CASES WHICH REQUIRE PUBLIC NOTIFICATION MAJOR SUBDIVISIONS, VACATIONS, SIA EXTENSIONS AND SITE DEVELOPMENT PLAN

1. Project # 1003257 05DRB-00934 Major-Vacation of Public Easements 05DRB-00933 Major-Vacation of Pub Right-of-Way 05DRB-00929 Major-Preliminary Plat Approval 05DRB-00935 Minor-Sidewalk Waiver 05DRB-00936 Minor-Temp Defer Sdwk

MARK GOODWIN & ASSOCIATES agent(s) for VISTA ARROYO, LLC request(s) the above action(s) for all or a portion of Tract(s) A, LANDS OF PARADISE HEIGHTS LLC, Lot(s) 48 thru 55, Block(s) 4, Lot(s) 1 thru 7 and Lot(s) 10 thru 14, Block(s) 6, Lot(s) 1 thru 8, Lot(s) 22 thru 45 and an undesignated tract, Block(s) 9, Lot(s) 1 thru 16, Block(s) 12, Lot(s) 1 thru 10 and 12 thru 14, Block(s) 14, Lot(s) 7 thru 12, Block(s) 15, Lot(s) 1 thru 61 and 62, Block(s) 16, all of Block(s) 7, 8, 10, 11, 13 and 17, PARADISE HEIGHTS, UNIT 4, Lots 9 thru 14, Block 9, PARADISE HEIGHTS, UNIT 4, Block(s) 1, 2, 3 and 4 and Lot(s) 1 thru 16, Block(s) 5, PARADISE HEIGHTS, UNIT 5, (to be known as ARROYO VISTA SUBDIVISION) zoned R-1, SU-1 FOR C-1, located on BLACK ARROYO RD NW. between MCMAHON BLVD NW and CALABACILLAS ARROYO containing approximately 172 acre(s).[REF:04DRB-00204] [Deferred from 6/29/05 & 7/20/05](A-10) DEFERRED AT A.R. TO 7/27/05.

2. Project # 1000650 05DRB-01067 Major-SiteDev Plan BldPermit TIERRA WEST LLC agent(s) for DOUBLE CHEESE CORP request(s) the above action(s) for all or a portion of Tract(s) 1A2, LANDS OF LAMONICA, zoned SU-1/C-1 permissive use, located on COORS BLVD SW, between LAMONICA RD SW and RIO BRAVO BLVD SW containing approximately 2 acre(s). [Deferred from 7/20/05] (P-10) DEFERRED AT THE AGENT'S REQUEST TO 8/10/05.

3. Project # 1004232 05DRB-00896 Major-Vacation of Public Easements A. MIGUEL TRUJILLO agent(s) for WILLIAM K. WILSON request(s) the above action(s) for all or a portion of Block(s) 13, Tract(s) A, CLAYTON HEIGHTS SUBDIVISION, zoned C-2 community commercial zone, located on GIBSON BLVD SE, between BUENA VISTA SE and WILMOORE DR SE containing approximately 2 acre(s). (L-15) VACATION WAS APPROVED AS SHOWN ON EXHIBIT B IN THE PLANNING FILE.

4. Project # 1004281
05DRB-01057 Major-SiteDev Plan Subd
05DRB-01058 Major-SiteDev Plan
BldPermit

SCHLEGEL LEWIS ARCHITECTS agent(s) for VENTURA PACIFIC CAPITAL CO request(s) the above action(s) for all or a portion of Tract(s) H-6A7A1, RIVERVIEW SUBDIVISION, zoned SU-1 IP, located on GOLF COURSE RD NW, between PASEO DEL NORTE NW and SHELLY ROSE RD NW containing approximately 2 acre(s). [REF: SP-97-193; DRB-97-245] (C-12) THE SITE PLAN FOR SUBDIVISION WAS APPROVED WITH FINAL SIGN OFF DELEGATED TO TRANSPORTATION DEVELOPMENT FOR BUILDING NOTES, PARKING CALCS AND THE RIGHT TO USE SOUTH ACCESS. THE SITE PLAN FOR BUILDING PERMIT WAS APPROVED WITH FINAL SIGN DELEGATED TO TRANSPORTATION OFF DEVELOPMENT FOR BUILDING NOTES, PARKING CALCS AND THE RIGHT TO USE SOUTH ACCESS.

5. Project # 1004282 05DRB-01061 Major-Preliminary Plat Approval GARCIA/KRAEMER & ASSOCIATES agent(s) for PAT MILLIGAN request(s) the above action(s) for all or a portion of Lots(s) A-1, B-1, C-1, D-1, E-1, F-1, H-1, J-1, K-1, ALAMOSA ADDITION, zoned R-T residential zone, located on TRUJILLO RD SW, between 62<sup>nd</sup> ST SW and BATAAN DR SW containing approximately 2 acre(s). [Deferred from 7/20/05] (K-11) DEFERRED AT THE AGENT'S REQUEST TO 7/27/05.

## SITE DEVELOPMENT PLANS (EPC FINAL SIGN-OFF) AMENDED PLANS AND MASTER DEVELOPMENT PLANS (CITY COUNCIL FINAL SIGN-OFF)

NOTE: IF THE APPLICANT/AGENT IS NOT PRESENT WHEN THEIR REQUEST IS CALLED, THEN THE REQUEST MAY BE INDEFINITELY DEFERRED ON A NO SHOW.

6. Project # 1001946 05DRB-01047 Minor-SiteDev Plan BldPermit DEKKER PERICH SABATINI agent(s) for OFFICE DEPOT request(s) the above action(s) for all or a portion of Tract(s) A-1-D, LOS ANGELES CENTER, zoned M-1, located on PASEO DEL NORTE NE, between SAN PEDRO NE and INTERSTATE 25 containing approximately 3 acre(s). [REF: DRB-97-224, DRB-97-372; Z-1534] [Deferred from 6/29/05 & 7/13/05 & 7/20/05] (D-18) DEFERRED AT THE AGENT'S REQUEST TO 7/27/05.

7. Project # 1004236 05DRB-00499 Minor-Prelim&Final Plat Approval PRECISION SURVEYS INC agent(s) for CONNIE & ZACK LOVELADY, CZ ENTERPRISES request(s) the above action(s) for all or a portion of Lot(s) 25, ALVARADO GARDENS, UNIT 1, zoned RA-2, located on MATTHEW AVE NW and MEADOW VIEW DR NW and containing approximately 1 acre(s). [Deferred from 3/30/05 & 4/13/05 & 4/20/05] (G-13) PRELIMINARY AND FINAL PLAT APPROVED AND SIGNED OFF BY THE BOARD.

8. Project # 1004320 05DRB-01137 Minor-SiteDev Plan BldPermit MULLEN HELLER ARCHITECTURE agent(s) for AVALON INVESTMENTS request(s) the above action(s) for all or a portion of Tract(s) E-2, SANDIA SCIENCE AND TECHNOLOGY PARK, PHASE 1, zoned IP industrial park zone, located on INNOVATION PARKWAY SE, between RESEARCH RD SE and GIBSON AVE SE containing approximately 5 acre(s). (M-21) SITE PLAN FOR BUILDING PERMIT WAS APPROVED WITH FINAL SIGN OFF DELEGATED TO UTILITIES DEVELOPMENT FOR FIRE FLOW CALCS AND TRANSPORTATION DEVELOPMENT FOR WIDENED ENTRANCE, 15-FOOT RADII, CHECK OFFISTE IMPROVEMENTS AND 3 COPIES OF THE SITE PLAN.

9. Project # 1004326 05DRB-01147 Minor-SiteDev Plan BldPermit INSITEWORKS agent(s) for JLM INVESTMENTS request(s) the above action(s) for all or a portion of Lot(s) 14-A-2-A, LOOP INDUSTRIAL DISTRICT, UNIT 5, zoned SU-2 for M-1, located on JEFFERSON ST NE, between PASEO DEL NORTE NE and WILSHIRE AVE NE containing approximately 2 acre(s). [Deferred from 7/20/05] (C-17) DEFERRED AT THE AGENT'S REQUEST TO 7/27/05.

#### MINOR PLATS, FINAL (MAJOR) PLATS, AMENDED PLATS AND PLANS

10. Project # 1000508 05DRB-01126 Minor-Prelim&Final Plat Approval

TIERRA WEST, LLC agent(s) for WAL-MART STORES EAST LP request(s) the above action(s) for all or a portion of Tract(s) B1A1A, TOWNE PARK PLAZA, zoned SU-1/C-1, located on EUBANK BLVD NE, between INTERSTATE 40 EAST and CHICO RD NE containing approximately 18 acre(s). [REF: Z-98-114, DRB-90-289, 02DRB-01528, 02DRB-01529, 02AA-01605, 05DRB-00093, 05AA-00325] (K-21) THE PRELIMINARY PLAT WAS APPROVED WITH FINAL SIGN OFF DELEGATED TO UTILITIES DEVELOPMENT FOR WATER LINE RELOCATION OR ELSE A TEMPORARY PAPER EASEMENT FOR EXISTING LINE LOCATION BEING VACATED.

#### 11. Project # 1002591 05DRB-01128 Minor-Prelim&Final Plat Approval

TIERRA WEST, LLC agent(s) for KPS GROUP request(s) the above action(s) for all or a portion of Tract(s) C & G, FOUR HILLS VILLAGE SHOPPING CENTER & APT COMPLEX, zoned SU-1/PDA RES & COMM, located on CENTRAL AVE SE, between TRAMWAY BLVD SE and DORADO PL SE containing approximately 6 acre(s). [REF: Z-84-124, 03AA-00608] (L-22) PRELIMINARY AND FINAL PLAT WAS APPROVED AND SIGNED OFF BY THE BOARD.

## 12. Project # 1004162 05DRB-01139 Minor-Vacation of Private Easements 05DRB-01140 Minor-Sketch Plat or Plan

JEFF MORTENSEN & ASSOCIATES, INC. agent(s) for HOECH REAL ESTATE CORPORATION request(s) the above action(s) for all or a portion of Tract(s) L-2, VISTA DEL NORTE, zoned SU-1 FOR PRD, located on VISTA DEL NORTE DR NE, between OSUNA RD NE and CALLE DEL CAMPO NE containing approximately 6 acre(s). [REF: 05EPC-00742] (E-16) VACATION WAS APPROVED AS SHOWN ON EXHIBIT B IN THE PLANNING FILE. THE ABOVE REQUEST WAS REVIEWED AND COMMENTS WERE GIVEN.

#### 13. Project # 1004281 05DRB-01133 Minor-Prelim&Final Plat Approval

MARK GOODWIN & ASSOCIATES, PA agent(s) for CARL'S JR. GOLF COURSE request(s) the above action(s) for TRACTS H6A7A1-A & H6A7A1-B, RIVERVIEW, zoned SU-1/IP, located on GOLF COURSE RD NW, between PASEO DEL NORTE NW and SHELLY ROSE RD NW containing approximately 2 acre(s). [Heard under Project #1004317 in error] (C-12) THE PRELIMINARY PLAT WAS APPROVED WITH FINAL SIGN OFF DELEGATED TO TRANSPORTATION DEVELOPMENT FOR RIGHT TO USE ACCESS POINTS AND UTILITIES DEVELOPMENT FOR SIGNATURES OF NMUI, A BETTER DESCRIPTION OF 10-FOOT UTILITY EASEMENT AND PROVIDE BENEFICIARY AND MAINTENANCE STATEMENT FOR EASEMENT.

## 14. Project # 1004323 05DRB-01144 Minor-Prelim&Final Plat Approval

SURVEYS SOUTHWEST, LTD agent(s) for DAVID DONOHUE & SHIRLEY SAVARESE request(s) the above action(s) for all or a portion of Lot(s) 4, 5, 6, JOHN BARON BURG PARK, zoned SR, located on 20<sup>th</sup> ST NW, between 21<sup>st</sup> ST NW and ASPEN AVE NW containing approximately 1 acre(s). (H-13) PRELIMINARY PLAT WAS APPROVED WITH FINAL SIGN OFF DELEGATED TO PLANNING FOR LOT LINE ADJUSTMENT.

15. Project # 1004325 05DRB-01146 Minor-Prelim&Final Plat Approval SURVEYS SOUTHWEST LTD, agent(s) for BILL ROBERTS request(s) the above action(s) for all or a portion of Block(s) 1, Tract(s) F, HOLIDAY PARK, UNIT 11, zoned C-1 neighborhood commercial zone, located on JUAN TABO BLVD NE, between COMANCHE RD NE and containing approximately 1 acre(s). [REF: Z-1761] [Deferred from 7/20/05] (G-21) DEFERRED AT THE AGENT'S REQUEST TO 7/27/05.

## NO ACTION IS TAKEN ON THESE CASES: APPLICANT - AGENT IS REQUIRED TO BE AT THE MEETING

16. Project # 1001638 05DRB-01110 Minor-Sketch Plat or Plan ALBUQUERQUE SURVEYING CO., INC., agent(s) for KEVIN GEORGES & ASSOCIATES request(s) the above action(s) for all or a portion of Tract(s) A-1-A-1-A, LOVELACE HOSPITAL, zoned SU-1 special use zone, located on SAN MATEO BLVD SE, between GIBSON BLVD SE and RIDGECREST DR SE containing approximately 17 acre(s). (M-18) INDEFINITELY DEFERRED ON A NO SHOW.

17. Project # 1004319
05DRB-01136 Minor-Sketch Plat or Plan

JAMES AND LORINDA LYNCH request(s) the above action(s) for all or a portion of Lot(s) 33, Block(s) 2, SIERRA AZUL, zoned R-1, located on COMANCHE NE, between WYOMING NE and PENNSYLVANIA NE containing approximately 1 acre(s). (G-19) THE ABOVE REQUEST WAS REVIEWED AND COMMENTS WERE GIVEN.

18. Project # 1004322 05DRB-01143 Minor-Sketch Plat or Plan SURVEYS SOUTHWEST LTD agent(s) for AL CARABAJAL & MICHELLE LESICKA request(s) the above action(s) for all or a portion of Lot(s) 24, 21, LOS HERMANOS ADDITION, zoned R-1 residential zone, located on LOS HERMANAS ST NW, between CARLTON ST NW and BELLROSE AVE NW containing approximately 2 acre(s). (G-15) THE ABOVE REQUEST WAS REVIEWED AND COMMENTS WERE GIVEN.

**19.** ADJOURNED: 10:45 A.M.

## CITY OF ALBUQUERQUE



## PLANNING DEPARTMENT DEVELOPMENT AND BUILDING SERVICES HYDROLOGY DEVELOPMENT SECTION

DEVELOPMENT REVIEW BOARD - SPEED MEMO

|                  | DRB CASE NO/PROJECT NO: 1004323                            | AGENDA ITEM NO: 14                |
|------------------|------------------------------------------------------------|-----------------------------------|
|                  | SUBJECT:                                                   |                                   |
|                  | Final Plat<br>Preliminary Plat                             |                                   |
|                  | ACTION REQUESTED:                                          |                                   |
|                  | REV/CMT: () APPROVAL: (X) SIGN-OFF: (                      | ) EXTN: () AMEND: ()              |
| P.O. Box 1293    | ENGINEERING COMMENTS: No adverse comments.                 |                                   |
| Albuquerque      | RESOLUTION:                                                |                                   |
|                  | APPROVED; DENIED; DEFERRED; COMMEN                         | TS PROVIDED; WITHDRAWN            |
| New Mexico 87103 |                                                            |                                   |
|                  | SIGNED-OFF: (SEC-PLN) (SP-SUB) (SP-BP) (FP) BY             | (UD) (CE) (TRANS) (PRKS) (PLNG)   |
| vww.cabq.gov     | DELEGATED: (SEC-PLN) (SP-SUB) (SP-BP) (FP) TO              | : (UD) (CE) (TRANS) (PRKS) (PLNG) |
|                  | FOR:                                                       |                                   |
|                  | SIGNED: Bradley L. Bingham City Engineer / AMAFCA Designee | <b>DATE:</b> JULY 20, 2005        |

#### CITY OF ALBUQUERQUE PLANNING DEPARTMENT July 20, 2005 DRB Comments

ITEM # 14

PROJECT # 1004323

**APPLICATION # 05-01144** 

RE: John Baron Burg Park/minor p&f plat

There is a shed and part of the existing wall on lot 5 that will encroach onto Lot 4 with the replat.

The new lot line between Lots 3 & 4 now abuts the 2 residences on Lot 4

AGIS dxf dated 7/13/05 is on file.

Sheran A Matson, AICP

924-3880 fax 924-3864

smatson@cabq.gov



## DXF Electronic Approval Form

| DRB Project Case #:  | 1004323             |                             |          |
|----------------------|---------------------|-----------------------------|----------|
| Subdivision Name:    | JOHN BARON BURG PAR | RK BLOCK 7 LOTS 4A & 6A     |          |
| Surveyor:            | GARY E GRITSKO      |                             |          |
| Contact Person:      | SARAH AMATO         |                             | <u> </u> |
| Contact Information: | 998-0303            |                             |          |
| DXF Received:        | 7/13/2005           | Hard Copy Received: 7/13/20 | )05      |
| Coordinate System:   | NMSP Grid (NAD 27)  |                             |          |
|                      |                     |                             |          |
| Danne                |                     | <u>07-13-200</u> s          |          |
|                      | Approved            | <u>07-13-2003</u><br>Date   |          |
|                      |                     | Date                        |          |
|                      | Approved            | Date                        |          |
|                      | Approved            | Date                        |          |
|                      | Approved            | Date                        |          |

### **AGIS Use Only**

Copied fc 4323 to agiscov on 7/13/2005 Contact person notified on 7/13/2005

## City of Albuquerque Planning Department

#### DEVELOPMENT AND BUILDING SERVICES

#### STANDARD APPLICATION, Paper Plans Required

DEVELOPMENT REVIEW BOARD

Category Code 910

02/28/2014 Issued By: BLDAVM 227387

2014 070 058

**Application Number:** 

14DRB-70058, Vacation Of Recorded Plat

Address:

Location Description:

20TH ST BETWEEN ASPEN & I-40

**Project Number:** 

1004323

**Applicant** 

SHIRLEY SAVARESE DONAHUE & D. DAVID

DONAHUE

10712 HUMPHRIES LANE SW **ALBUQUERQUE NM 87121** 

Agent / Contact

ALPHA PRO SURVEYING LLC

GARY E GRITSKO 1436 32ND CIRCLE SE RIO RANCHO NM 87124

5058921076

| Application Fees  |         |         |
|-------------------|---------|---------|
| APN Fee           |         |         |
| Conflict Mgmt Fee | •       | \$20.00 |
| DRB Actions       |         |         |
|                   | ΤΟΤΔΙ · | \$20.00 |

\* Zū. ūū. \* Zū. ūū

Untervize in Albuqueraue Treasury

Date: \$\forall \tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\

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## City of Albuquerque Planning Department

#### DEVELOPMENT AND BUILDING SERVICES

#### STANDARD APPLICATION, Paper Plans Required

DEVELOPMENT REVIEW BOARD

Category Code 910

10/03/2013

Issued By: E08375 209599

2013 070 699

**Application Number:** 

13DRB-70699, Minor - Preliminary/ Final Plat Approval

Address:

**Location Description:** 

20TH ST BETWEEN ASPEN AND I-40

**Project Number:** 

1004323

**Applicant** 

DAVID DONAHUE & SHIRLEY SAVAROSE

10712 HUMPHRIES LN SW **ALBUQUERQUE NM 87121** 

Agent / Contact

ALPHA PRO SURVEYING LLC

**GARY GRITSKO** 

**1436 32ND CIRCLE SE** RIO RANCHO NM 87124

5058921076

| Application Fees  |        |          |
|-------------------|--------|----------|
| APN Fee           |        |          |
| Conflict Mgmt Fee |        | \$20.00  |
| DRB Actions       |        | \$285.00 |
| •                 | TOTAL: | \$305.00 |

Stat Batc Perm City of Albuquerque Treasury
te:10/3/2013 Office:ANNEX
ID:WS000007 Cashier:TRSDLF
1: 2656 Trans \$:40
it: 2013070699
it: 2013070699
conflict Manas. Fee
DRB Actions \$

## DXF Electronic Approval Form

| DRB Project Case #:   | 1004323                        |                                |
|-----------------------|--------------------------------|--------------------------------|
| Subdivision Name:     | JOHN BARON BURG PARK           | CLOTS 1A1 & 6A1, BLOCK 7       |
| Surveyor:             | GARY E GRITSKO                 |                                |
| Contact Person:       | GARY E GRITSKO                 |                                |
| Contact Information:  | 892-1076                       |                                |
| DXF Received:         | 10/15/2013                     | Hard Copy Received: 10/15/2013 |
| Coordinate System:    | NMSP Grid (NAD 83)             |                                |
|                       | La Men                         | 10/16/2013                     |
|                       | Approved                       | Date                           |
| * The DXF file cannot | be accepted (at this time) for | r the following reason(s):     |
|                       |                                |                                |
|                       |                                |                                |
|                       |                                |                                |
|                       |                                |                                |

### AGIS Use Only

Copied fc 4323

to agiscov on 10/16/2013 Contact person notified on 10/16/2013

# Albuquerque



## DEVELOPMENT/ PLAN REVIEW APPLICATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Suppleme                         | ntal Form (                            | (SF)                                        |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|---------------------------------------------|----------------------------------------------------------|
| SUBDIVISION  Major subdivision action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | S Z                                    | ZONING & PLANNING Annexation                | 1G                                                       |
| Minor subdivision action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                        | Anitoxation                                 |                                                          |
| Vacation Variance (Non-Zoning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | V                                      | Zoning, includ                              | endment (Establish or Change<br>es Zoning within Sector  |
| SITE DEVELOPMENT PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | P                                      | Development Sector Plan (F                  | Plan boundaries) Phase I. II. III)                       |
| for Subdivision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                        | Amendment to                                | Sector, Area, Facility or                                |
| for Building Permit Administrative Amendment/App                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | roval (AA)                       |                                        | Comprehensiv                                |                                                          |
| IP Master Development Plan  Cert. of Appropriateness (LUC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                | D                                      |                                             | ent (Zoning Code/Sub Regs)<br>Change (Local & Collector) |
| STORM DRAINAGE (Form D)  Storm Drainage Cost Allocation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                | L A                                    | <del>-</del>                                | RB, EPC, LUCC, Planning off, ZHE, Board of Appeals       |
| PRINT OR TYPE IN BLACK INK ONLY. The Planning Department Development Services Fees must be paid at the time of application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ne applicant of<br>Center, 600 2 | " Street N                             | ust submit the complete IV, Albuquerque, NM | eted application in person to the 87102.                 |
| APPLICATION INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | /1/                                    |                                             |                                                          |
| Professional/Agent (if any): A/pha Professional/Age | DUrveyin                         | g CCC                                  | ······································      | PHONE: 872-1076                                          |
| ADDRESS: 1436 32ND CINCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5 <u>E</u>                       |                                        |                                             | FAX:                                                     |
| CITY: 1210 MANCHO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STATE                            | VM ZIP                                 | 87124 E-MAIL:                               | gary ealphaprosurveying.                                 |
| APPLICANT: Shirley Savarese & ADDRESS: 10712 Humphrics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Donahue +                        | D. Dav                                 | el Donahue p                                | ONE: 843-                                                |
| ADDRESS: 10712 Humph rics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lane:                            | 56                                     | F                                           | 4X:                                                      |
| CITY: <u>A/64</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                        | 87/2/ E-MAIL:                               |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                        | iers: See attack                            |                                                          |
| Proprietary interest in site: Owwer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                        |                                             |                                                          |
| DESCRIPTION OF REQUEST: Vacation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ot Plat                          | rewski                                 | d in 2005                                   | · · · · · · · · · · · · · · · · · · ·                    |
| Lot or Tract No. 4-A and 6-A Subdiv/Addn/TBKA: JOHN BARON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Bung PA                          | PK                                     | Block:                                      | Unit:                                                    |
| Existing Zoning:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Proposed                         | zoning:                                |                                             | MRGCD Map No                                             |
| Zone Atlas page(s): H-13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UPC Cod                          | e: <u>/ - 0/.</u>                      | 3-059-206-100                               | 7-31709                                                  |
| CASE HISTORY: List any current or prior case number that may be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | relevant to your                 | application (                          | 059 206 096<br>Proj., App., DRB-, AX_,Z_,   | V S etc.):                                               |
| CASE INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 04323                            | 13 DR                                  | B-70699, Prove                              | ct 1004323                                               |
| CASE INFORMATION: Within city limits? Yes Within                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1000FT of a landf                | ili? <u>NO</u>                         |                                             |                                                          |
| No. of existing lots: 2 No. of p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | proposed lots:                   | 3                                      | Total site area (acres):                    | <del></del>                                              |
| LOCATION OF PROPERTY BY STREETS: On o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | r Near:                          | th 57                                  | NW                                          |                                                          |
| Between: Aspen Ave NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                | and <u></u>                            | -40                                         |                                                          |
| Check if project was previously reviewed by: Sket                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | eh Plat/Plan □ or                | Pre-applica                            | tion Review Team(PRT)                       | 1. Review Date:                                          |
| SIGNATURE Xony & Xon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 156                              | · · · · · · · · · · · · · · · · · · ·  |                                             | DATE 2/27/14                                             |
| (Print Name) GARY E. GRITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | الح الح                          | <u> ,</u>                              | ·····                                       | Applicant:   Agent:                                      |
| FOR OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                        |                                             | Revised: 6/2011                                          |
| INTERNAL ROUTING App                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | olication case nu                | mbers                                  | Action                                      | S.F. Fees                                                |
| All checklists are complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UKB                              | 7005                                   | 8 YRP                                       | \$\$                                                     |
| All fees have been collected  All case #s are assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | <del> </del>                           | <u>Cmf</u>                                  | \$20.00                                                  |
| AGIS copy has been sent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ~ <u>~~~~</u> ~                  |                                        | <del></del>                                 | \$                                                       |
| Case history #s are listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del>-</del>                     |                                        | <del></del>                                 | \$                                                       |
| Site is within 1000ft of a landfill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  | ······································ | *                                           | <u> </u>                                                 |
| ☐ F.H.D.P. density bonus ☐ F.H.D.P. fee rebate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 1000                                   | 12,2014                                     | Total<br>20.00                                           |
| Hea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | aring date                       | الات محل                               |                                             | \$                                                       |
| 2.28.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 14                               | Pro                                    | ject # (00 4)                               | 322                                                      |

Staff signature & Date

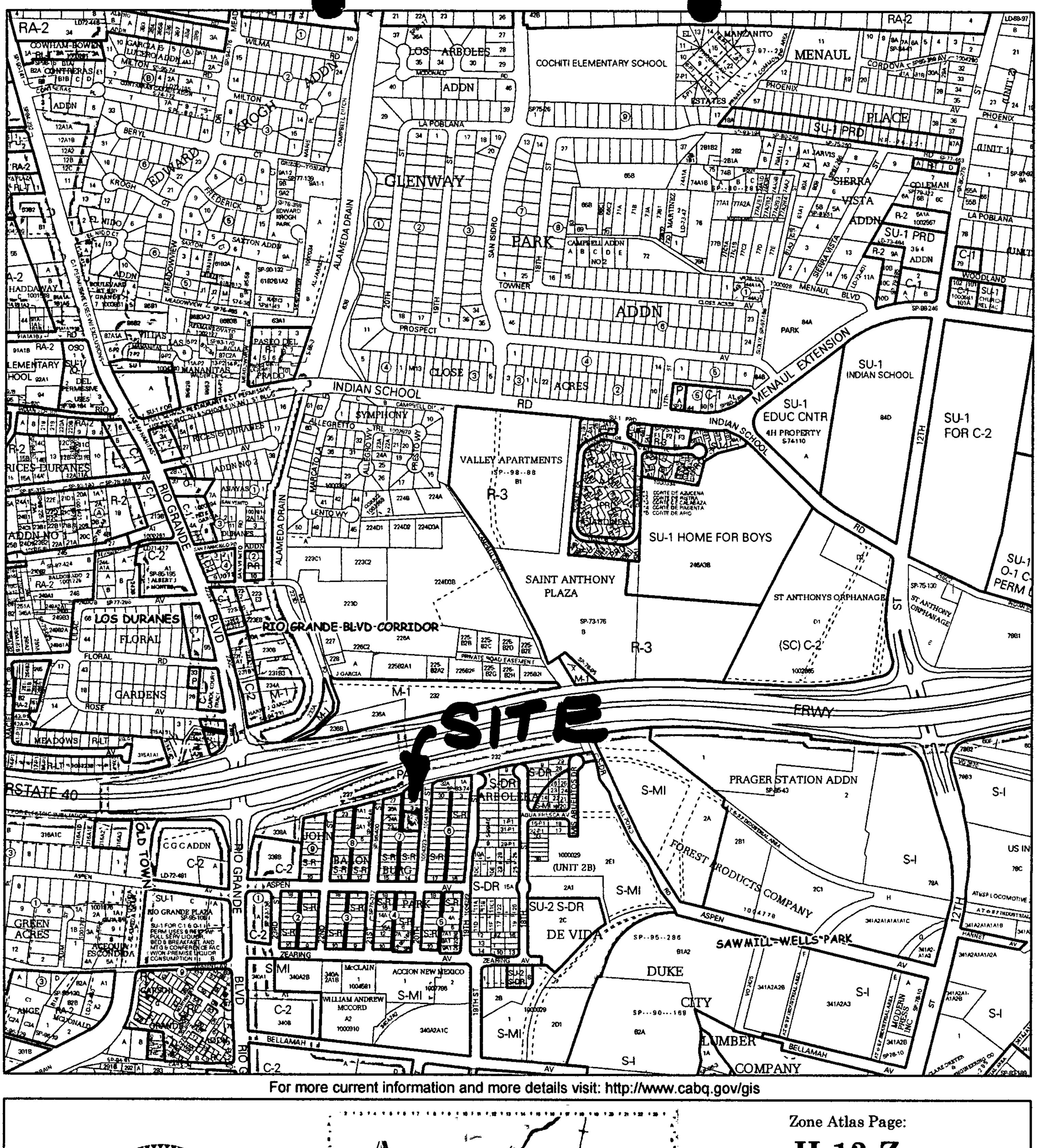
| FC           | RM V: SUBDIVISION VARIANCE & VACATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | BULK LAND VARIANCE (DRB04)  Application for Minor Plat on FORM S-3, including those submittal requirements.  Letter briefly describing and explaining: the request, compliance with the Development Process Manual, and all improvements to be waived.  Notice on the proposed Plat that there are conditions to subsequent subdivision (refer to DPM)  Office of Community & Neighborhood Coordination inquiry response, notifying letter, certified mail receipts Sign Posting Agreement  Fee (see schedule)  List any original and/or related file numbers on the cover application  DRB Public hearings are approximately 30 DAYS after the filing deadline. Your attendance is required.                                                                                                                                                                                                                                                        |
|              | VACATION OF PUBLIC EASEMENT (DRB27)  VACATION OF PUBLIC RIGHT-OF-WAY (DRB28)  The complete document which created the public easement (folded to fit into an 8.5" by 14" pocket) 24 copies.  (Not required for City owned public right-of-way.)  Drawing showing the easement or right-of-way to be vacated, etc. (not to exceed 8.5" by 11") 24 copies  Zone Atlas map with the entire property(ies) clearly outlined  Letter briefly describing, explaining, and justifying the request  Office of Community & Neighborhood Coordination inquiry response, notifying letter, certified mail receipts  Sign Posting Agreement  Fee (see schedule)  List any original and/or related file numbers on the cover application  Unless the vacation is shown on a DRB approved plat recorded by the County Clerk within one year, it will expire.  DRB Public hearings are approximately 30 DAYS after the filing deadline. Your attendance is required. |
|              | SIDEWALK VARIANCE (DRB20)  SIDEWALK WAIVER (DRB21)  Scale drawing showing the proposed variance or waiver (not to exceed 8.5" by 14")  Zone Atlas map with the entire property(ies) clearly outlined  Letter briefly describing, explaining, and justifying the variance or waiver  List any original and/or related file numbers on the cover application  DRB meetings are approximately 8 DAYS after the Tuesday noon filing deadline. Your attendance is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|              | SUBDIVISION DESIGN VARIANCE FROM MINIMUM DPM STANDARDS (DRB25)  Scale drawing showing the location of the proposed variance or waiver (not to exceed 8.5" by 14") 24 copies Zone Atlas map with the entire property(ies) clearly outlined Letter briefly describing, explaining, and justifying the variance Office of Community & Neighborhood Coordination inquiry response, notifying letter, certified mail receipts Sign Posting Agreement Fee (see schedule) List any original and/or related file numbers on the cover application DRB meetings are approximately 30 DAYS after the filing deadline. Your attendance is required.                                                                                                                                                                                                                                                                                                             |
|              | TEMPORARY DEFERRAL OF SIDEWALK CONSTRUCTION (DRB19)  EXTENSION OF THE SIA FOR TEMPORARY DEFERRAL OF SIDEWALK CONSTRUCTION (DRB07)  Drawing showing the sidewalks subject to the proposed deferral or extension (not to exceed 8.5" by 14") 6 copies  Zone Atlas map with the entire property(ies) clearly outlined  Letter briefly describing, explaining, and justifying the deferral or extension  List any original and/or related file numbers on the cover application  DRB meetings are approximately 8 DAYS after the Tuesday noon filing deadline. Your attendance is required.                                                                                                                                                                                                                                                                                                                                                              |
| N            | VACATION OF PRIVATE EASEMENT (DRB29)  The complete document which created the private easement/recorded plat (not to exceed 8.5" by 14") 6 copies  Scale drawing showing the easement to be vacated (8.5" by 11") 6 copies  Zone Atlas map with the entire property(ies) clearly outlined  Letter/documents briefly describing, explaining, and justifying the vacation 6 copies  Letter of authorization from the grantors and the beneficiaries (private easement only)  Fee (see schedule)  List any original and/or related file numbers on the cover application  Unless the vacation is shown on a DRB approved plat recorded by the County Clerk within one year, it will expire.  DRB meetings are approximately 8 DAYS after the Tuesday noon filing deadline. Your attendance is required.                                                                                                                                                 |
| info<br>with | this application will likely result in Applicant signature / date  Applicant signature / date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|              | Checklists complete Fees collected Case #s assigned Related #s listed  Application case numbers  14 - 025 - 70058  Planner signature / date Project # 1004323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

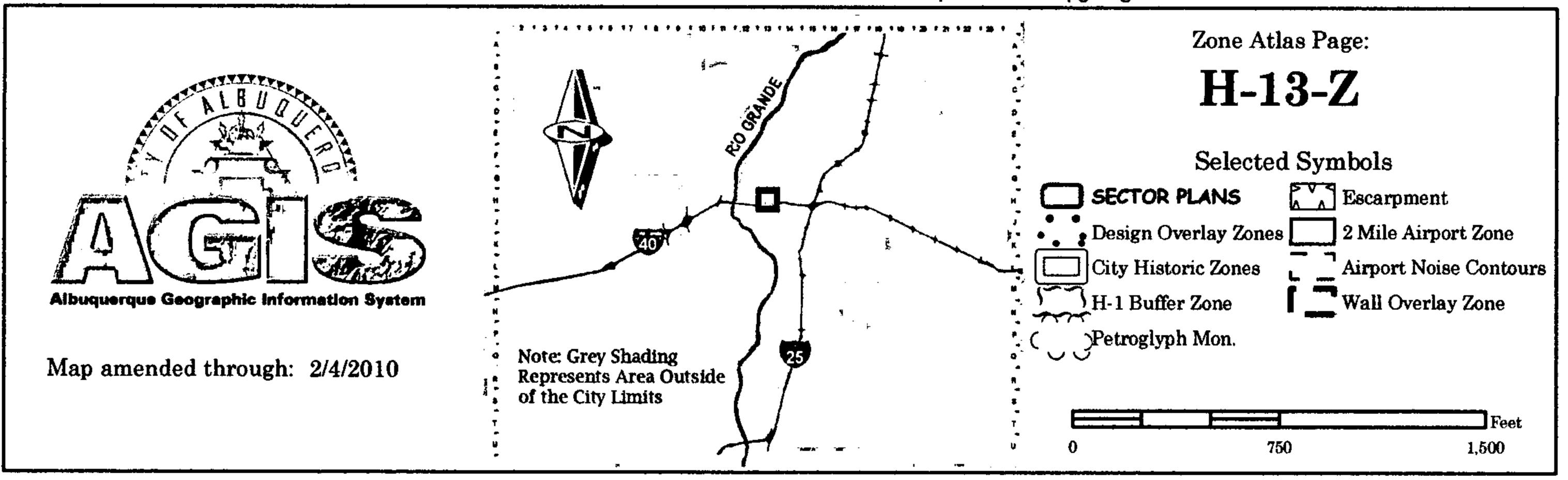
## Albuquerque



## DEVELOPMENT/ PLAN REVIEW APPLICATION

|                                         |                                                      | Supplem                               | ental Forn             | n (SF)            |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|-----------------------------------------|------------------------------------------------------|---------------------------------------|------------------------|-------------------|------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| SUBDI                                   | IVISION                                              |                                       | s z                    | ZONING            | & PLANNING                         | G              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                         | Major subdivision action                             |                                       |                        | A                 | nnexation                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| <b>-</b>                                | Minor subdivision action                             |                                       | 1.7                    | 7.                | one Man Amo                        | ndmont (Est    | abliab or Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
|                                         | Vacation Variance (Non-Zoning)                       |                                       | V                      |                   | one map Ame<br>oning, include:     | •              | ablish or Change<br>in Sector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |
| OITE D                                  |                                                      |                                       | _                      |                   | evelopment Pl                      |                | es)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
| 211 E D                                 | FOR Subdivision                                      |                                       | Р                      |                   | ector Plan (Ph<br>mendment to      | •              | Facility or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |
|                                         | for Building Permit                                  |                                       |                        |                   | omprehensive                       | •              | , I denity of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |
|                                         | Administrative Amendme                               | nt/Approval (AA)                      |                        |                   | •                                  |                | ode/Sub Regs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |
|                                         | IP Master Development P                              |                                       | D                      | St                | treet Name Ch                      | nange (Local   | & Collector)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |
| <del></del>                             | Cert. of Appropriateness                             | (LUCC)                                | L A                    | APPEAL            | / PROTEST                          | of             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| STOR                                    | <b>VI DRAINAGE</b> (Form D) Storm Drainage Cost Allo | cation Plan                           |                        |                   | ecision by: DF<br>irector or Staff |                | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
| lanning Depar                           | PE IN BLACK INK ONLY                                 | vices Center, 600 2                   | 2 <sup>nd</sup> Street | NW, Albuqu        | ierque, NM 8                       | 37102.         | on in person to t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | he          |
| <u>ees must be p</u>                    | paid at the time of applica                          | ation. Refer to sup                   | piementa               | il torms for s    | ubmittai requ                      | iirements.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| PPLICATION IN                           |                                                      |                                       |                        | _                 |                                    |                | <b>-</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |
| Professional                            | 1/436 32 NO CINE                                     | tro Surveyi                           | ng LL                  | <u>C</u>          | <del></del>                        | PHONE:         | 792-1076                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |
| ADDRESS:                                | 1436 32 NO CINO                                      | 16 SE                                 | 0                      |                   |                                    | FAX:           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                         | 1210 MANCHO                                          |                                       |                        |                   |                                    |                | ale acres de de vis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
| VIII                                    |                                                      |                                       |                        |                   |                                    | 7419 (-14      | The state of the s | Lason       |
| A DDL LO A NET.                         | Shirley Savare                                       | so Doughue -                          | + D. O.                | and Dag           | and and Duc                        | NE. 843-       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
| APPLICANI;                              | 10712 Humph                                          | '- CONGINE                            | 1                      |                   |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                         | •                                                    |                                       |                        |                   | FA)                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| CITY:                                   | 169                                                  | STATE                                 | NM ZI                  | P 87/2/           | E-MAIL:                            |                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del> |
| Proprietary in                          | terest in site: OWWER                                |                                       | List all or            | vners: Sec        | - attache                          | l letter       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| ESCRIPTION OF                           | REQUEST: Uacat                                       | ion of Plat                           | reuro                  | led in            | 2005                               | -              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •           |
|                                         | INEGULUT.                                            |                                       |                        |                   | <u></u>                            |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>_</u>    |
| <del></del>                             | · · · · · · · · · · · · · · · · · · ·                | <del>.</del>                          |                        |                   | <del> —</del>                      | <del></del> .  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| Is the applica                          | nt seeking incentives pursuan                        | t to the Family Housing               | g Developn             | ent Program?      | Yes                                | _ No.          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| TE INFORMATION                          | ON: ACCURACY OF THE EX                               | XISTING LEGAL DES                     | CRIPTION               | IS CRUCIAL!       | ATTACH A SE                        | PARATE SHE     | ET IF NECESSARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •           |
| Lot or Tract N                          | 10. 4-A and 6                                        | - A                                   |                        |                   | Block: 7                           | !              | Unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |
| 06.4:/٨.4.4/                            | TBKA: JOHN BAR                                       | ON BURG PA                            | 9RY                    |                   | D10011.                            |                | OTT. (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |
| Subaiv/Adan/                            | IBKA: Orivo Sine                                     |                                       |                        |                   |                                    | . <u> </u>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| _                                       | ng;                                                  | •                                     | _                      |                   |                                    |                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
| Zone Atlas pa                           | age(s): H-13                                         | UPC Co                                | ode: /- C              | 13-059-           | 206-100                            | -31709         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del> |
| ASE HISTORY:                            |                                                      |                                       | 1-01                   | 3 059 2           | 06 096-                            | 31708          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                         | ent or prior case number that r                      | nav be relevant to you                | r application          | n (Proj., App., E | DRB-, AX .Z . \                    | / . S . etc.): |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| 05-D1                                   | 2B 01144, Prosect                                    | r: 1004323                            | *×1.3 D                | RB-7069           | 9 Poste                            | + 10043        | 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del></del> |
| ASE INFORMAT                            | ·· • • • • • • • • • • • • • • • • • •               |                                       | <del>,</del>           |                   | , , , , , ,                        | 1 100 10       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del> |
| Within city lim                         |                                                      | Within 1000FT of a land               |                        | 2                 |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| No. of existin                          | ng lots: 2                                           | No. of <b>proposed</b> lots: _        | 3                      | Total site a      | rea (acres):                       |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                         | OF PROPERTY BY STREETS                               | •                                     |                        | _                 |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                         |                                                      |                                       |                        |                   |                                    |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del> |
| Between:                                | Aspen Ave N                                          |                                       | and                    | I-40              | <del> </del>                       |                | · <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del> |
| Check if proje                          | ect was previously reviewed by                       | ; Sketeh Plat/Plan □ o                | or Pre-appl            | cation Review     | Team(PRT) □.                       | Review Dat     | e:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |
|                                         | 9/                                                   | H N                                   | •                      |                   |                                    | ,              | -/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
| GNATURE                                 | Xay Z                                                | fulaco                                |                        | <del></del>       |                                    | DATE 2/2       | 7//7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |
| (Print Name)_                           | GARYE GR                                             | 17520                                 |                        |                   |                                    | Applicant: □   | Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |
| ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |                                                      | · · · · · · · · · · · · · · · · · · · |                        |                   |                                    | • •            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| R OFFICIAL U                            | SE ONLY                                              |                                       |                        |                   |                                    | R              | evised: 6/2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |
| INTERNAL R                              | OUTING                                               | Application case n                    | umbers                 |                   | Action                             | S.F.           | Fees _/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |
| All checklists                          | are complete                                         |                                       | 7005                   | 58                | VRP                                |                | \$ Ø                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |
|                                         | been collected                                       |                                       |                        |                   | CMF                                | <del></del>    | \$20.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |
| All case #s ar                          | •                                                    |                                       |                        |                   |                                    |                | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |
| AGIS copy had Case history a            |                                                      |                                       |                        |                   | <u></u>                            | <del></del>    | <b>\$</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |
| -                                       | 1000ft of a landfill                                 |                                       |                        | <del></del>       |                                    | <del></del>    | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |
| F.H.D.P. dens                           |                                                      |                                       |                        | <del></del>       |                                    | <del></del>    | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |
| F.H.D.P fge i                           |                                                      | Hearing date $V$                      | March                  | 1 12, 3           | 2014                               |                | \$ 20.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |
| 1/1/20                                  | <u>z_</u>                                            | , , , , , , , , , , , , , , , , , , , | <del></del>            |                   | -<br>!~~!!-                        | ~ ~            | ¥. <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |
|                                         | 2. 3                                                 | 28-14                                 | P                      | roject#           | <u>1000 43</u>                     | 523            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                         | Sta                                                  | iff signature & Date                  |                        |                   |                                    | _              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |





## Alpha Pro Surveying LLC 1436 32" Circle SE Rio Rancho, New Mexico 87124 Office (505) 892-1076 mobile: 259-2003

Email: gary@alphaprosurveying.com

February 24, 2014

City of Albuquerque Development Review Board Plaza del Sol 600 Second Street NW Albuquerque, NM 87102

REF: Lots 4-A & 6-A, Block 7, JOHN BARON BURG PARK Zone Atlas H-13

The applicants request DRB approval to Vacate the recorded plat, said plat recorded with the County Clerk on August 3, 2005 in Plat Book 2005C, Page 268. The lots would revert to their original description of Lots 4, 5 & 6, Block 7, John Baron Burg Park, recorded on February 14, 1923, in Vol. C2, folio 48.

The applicants are as follows:

Owners of Lot 4-A: D. David Donahue and Shirley Savarese 10712 Humphries Lane SW Albuquerque, NM 87121

UPC No. 1-013-059-206-100-31709

Owners of Lot 6-A: Richard and Anna Marie Anglada

1020 Vista Grande Dr. NW Albuquerque, NM 87105

UPC No. 1-013-059-206-096-31708

The reason for this request is the parties involved never completed the lot line adjustment because clear and marketable title was not conveyed to the owner of Lot 4 (now 4-A). An affidavit from Shirley Savarese Donahue and D.David Donahue which explains their situation is attached to this application.

Sincerely,

Gary E. Gritsko NMPS No. 8686

#### **AFFI DAVIT**

The undersigned, Shirley Savarese Donohue and D. David Donohue, hereby jointly state the following facts:

- 1. We are the legal owners of the property located at 1025 20<sup>th</sup> Street NW, Albuquerque, NM, and legally described as Lot 4, Block 7, John Baron Burg Park, Bernalillo County, NM, said plat recorded on February 14, 1923
- 2. In 2005 we made an agreement with the neighbors to the south, Richard Anglada and Anna Marie Anglada, to construct a new wall between our properties. We agreed to construct the wall at our own expense and the neighbors agreed to relocate the property line along the new wall.
- 3. We hired Surveys Southwest Ltd to survey both properties and prepare a new plat to adjust the lot line to the new location. The plat was submitted to City of Albuquerque and approved by the Development Review Board. The plat was recorded with the County Clerk on August 3, 2005 in Book 2005C, page 268.
- 4. Presently, we wish to sell our property to our son. We discovered that even though we prepare and recorded a new plat of the properties, we never received a deed or other conveyance for the portion of the neighbor's property that is now included in our lot.
- 5. We contacted the neighbor to try to complete the agreement and obtain legal title to the portion of land in question. Mr. Anglada has informed us that his property is under a mortgage and the mortgage company has refused to release any of his property to complete our agreement.
- 6. Therefore, at this time the agreement between us is null and void because the Angladas cannot provide us with legal title to the property as they agreed.
- 7. We hereby request the City Development Review Board to declare the 2005 plat to be vacated and return our property to its original legal description.

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|---------------------------------------|-------|---|--|
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|                                       | فعم 1 | • |  |

Witness our hands and seals this 16 day of December, 2013.

Further. Affiants saith not.

D. David Donohue

Mully Mann Control

Shirley Savarese Donohue

#### ACKNOWLEDGEMENT

State of New Mexico)

County of Bernalillo ) ss

Gary E. Gritsko
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires

This instrument was acknowledged before me on <u>Pecember 16</u>,20/3

By: D. David Donohue and Shirley Savarese Donohue

My commission expires:  $\frac{7/27/2016}{}$ 

Notary/Public

### DRB CASE ACTION LOG - BLUE SHEET

- Preliminary/Final Plat [FP]
- Site Plan Subdivision [SPS]
- Site Plan Building Permit [SBP]

This sheet <u>must</u> accompany your plat or site plan to obtain delegated signatures. Return sheet with site plan/plat once comments have been addressed.

Site Plans: It is the responsibility of the <u>applicant/agent/developer/owner</u> to insert the DRB approved Site Plan for Subdivision and/or Site Plan for Building Permit in <u>each</u> copy of building permit plansets. If the building permit plans have been submitted prior to the Site Plan for Subdivision and/or Site Plan for Building Permit being signed-off, then it is the responsibility of the <u>applicant/agent/developer/owner</u> to insert a copy of the signed-off Site Plan for Subdivision and/or Site Plan for Building Permit in <u>each</u> copy of the building permit plansets.

| Project #: 1004323                                                                | Application #: 13DRB-70699                                      |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Project Name: John Baron Burg Park                                                |                                                                 |
| Agent: ALPHA PRO SURVEYING LLC                                                    | Phone #:                                                        |
| **Your request was approved on by following departments - outstanding comments to | y the DRB with delegation of signature(s) to the be addressed** |
| □ TRANSPORTATION:                                                                 | · · · · · · · · · · · · · · · · · · ·                           |
|                                                                                   |                                                                 |
| DABCWUA:                                                                          |                                                                 |
| CITY ENGINEER / AMAFCA:                                                           |                                                                 |
|                                                                                   |                                                                 |
| D_PARKS / CIP:                                                                    |                                                                 |
| □ PLANNING (Last to sign):                                                        |                                                                 |
| PLATS:  Planning must record this plat. Disease subm                              |                                                                 |
| ☐ Planning must record this plat. Please subm                                     | iit the following items:                                        |
| -The original plat and a mylar copy for the                                       |                                                                 |
| -Tax certificate from the County Treasur -Recording fee (checks payable to the C  |                                                                 |
| -Tax printout from the County Assessor                                            |                                                                 |
|                                                                                   | obtained prior to the recording of the plat                     |
| with County Clerk.  Property Management's signature must be obt                   | tained prior to Planning Department's signature.                |
| ☐ AGIS DXF File approval required.                                                | anioa prior to riaming Dopartmont 5 Signature.                  |
| Copy of recorded plat for Planning.                                               |                                                                 |
| ALL SITE PLANS:  □3 copies of the approved site plan. Include all                 | nance                                                           |
| - copies of the approved site plant include an                                    | payes.                                                          |

### DRB CASE ACTION LOG - BLUE SHEET

- Description of the contract of the contract
- Síte Plan Subdívísion [SPS]

Site Plan - Building Permit [SBP]

This sheet <u>must</u> accompany your plat or site plan to obtain delegated signatures. Return sheet with site plan/plat once comments have been addressed.

Site Plans: It is the responsibility of the <u>applicant/agent/developer/owner</u> to insert the DRB approved Site Plan for Subdivision and/or Site Plan for Building Permit in <u>each</u> copy of building permit plansets. If the building permit plans have been submitted prior to the Site Plan for Subdivision and/or Site Plan for Building Permit being signed-off, then it is the responsibility of the <u>applicant/agent/developer/owner</u> to insert a copy of the signed-off Site Plan for Subdivision and/or Site Plan for Building Permit in <u>each</u> copy of the building permit plansets.

| Application #: 13DRB-70699                                    |
|---------------------------------------------------------------|
|                                                               |
| Phone #:                                                      |
| the DRB with delegation of signature(s) to the be addressed** |
|                                                               |
|                                                               |
|                                                               |
|                                                               |
|                                                               |
|                                                               |
|                                                               |
|                                                               |
| it the following items:                                       |
| e County Clerk.                                               |
| er.                                                           |
| ounty Clerk). RECORDED DATE:                                  |
| btained prior to the recording of the plat                    |
| blamed prior to the recording of the plat                     |
| ained prior to Planning Department's signature.               |
|                                                               |
|                                                               |
| pages.                                                        |
|                                                               |

APS Project #889 APS Cluster: Valley

#### ALBUQUERQUE PUBLIC SCHOOLS PRE-DEVELOPMENT FACILITIES FEE AGREEMENT WAIVER

Albuquerque Municipal School District No. 12, Bernalillo and Sandoval Counties, New Mexico ("Albuquerque Public Schools" or "APS"), having reviewed the proposed plat of Lots 4-A-1 and 6-A-1, Block 7 which is zoned as SR, on October 3, 2013 submitted by David Donahue and Shirley Savarese Lot 4-A-1, Richard and Anna Marie Anglada Lot 6-A-1, owner(s) of above property, has determined that no Pre-Development Facilities Fee Agreement is required with respect to that proposed plat because the property owner (s) propose a lot line adjustment between original lots 4A and 6A. This will result in no net gain of residential units.

| ALBUQUERQUE PUBLIC SCHOOLS        |                                                                                                                                          |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| By. Woul ! With Signature         |                                                                                                                                          |
| Name (printed or typed) and title | 2 Planner                                                                                                                                |
| STATE OF NEW MEXICO               |                                                                                                                                          |
| COUNTY OF BERNALILLO              |                                                                                                                                          |
|                                   | ed before me on 10,3/2013, by  Plants the Albuquerque Municipal School District, a school district organized and existing under the laws |
| of the State of New Mexico.       |                                                                                                                                          |
|                                   | Notary Public Wolfe                                                                                                                      |
| (Seal)                            | My commission expires: 417/20/3                                                                                                          |
|                                   | My commission expires: 4 1720 6                                                                                                          |
| OFFICIAL SEAL Anastasia Wolfe     |                                                                                                                                          |

NOTARY PUBLIC

STATE OF NEW 1

My Commission Expires:

# Albuquerque



## DEVELOPMENT/ PLAN REVIEW APPLICATION

|                                                                                                                      |                                         | Suppleme                                | ntal form                                     |                                                        |                                        |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------------|--------------------------------------------------------|----------------------------------------|
| SUBDIVISION                                                                                                          |                                         | S                                       |                                               | & PLANNING                                             |                                        |
| Major Subdivision actio                                                                                              |                                         |                                         | A                                             | nnexation                                              |                                        |
| Minor Subdivision actio  Vacation                                                                                    | n                                       | 1/                                      | <del></del>                                   | County Submi                                           |                                        |
| Vacation Vacation Vacation Variance (Non-Zoning)                                                                     |                                         | V                                       |                                               | EPC Submitta                                           | (Establish or Change                   |
|                                                                                                                      |                                         |                                         |                                               | ning)                                                  | (Latabilation Change                   |
| SITE DEVELOPMENT PLAN                                                                                                | 1                                       | P                                       |                                               | ector Plan (Phase I, II                                | •                                      |
| for Subdivision for Building Permit                                                                                  |                                         |                                         | _                                             | mendment to Sector,                                    | Area, Facility or                      |
| Administrative Amendm                                                                                                | nent (AA)                               |                                         |                                               | omprehensive Plan<br>ext Amendment (Zonii              | na Code/Sub Reas)                      |
| IP Master Development                                                                                                | <b>\</b> /                              | D                                       |                                               | treet Name Change (L                                   |                                        |
| Cert. of Appropriatenes                                                                                              | •                                       | L                                       |                                               | / PROTEST of                                           |                                        |
| STORM DRAINAGE (Form Description of Storm Drainage Cost Allocated)                                                   | •                                       |                                         |                                               | ecision by: DRB, EPC, LUC<br>HE, Zoning Board of Appea | CC, Planning Director or Staff,        |
| RINT OR TYPE IN BLACK INK ON lanning Department Development Some of application. Refer to supplement of application. | ILY. The applicar<br>ervices Center, 60 | 0 2 <sup>nd</sup> Stree                 | t must submit<br>et NW, Albuque               | the completed appl                                     | lication in person to the              |
| PPLICATION INFORMATION:                                                                                              |                                         |                                         |                                               |                                                        |                                        |
| Professional/Agent (if any): A/ph/ ADDRESS: 1436 32 NO                                                               | a Pro Su                                | -vey/n                                  | 5 66                                          | PHON                                                   | E: 892-1076                            |
| ADDRESS: 1436 32 NO                                                                                                  | ) CIPCLE:                               | SE                                      | <i>U</i>                                      | FAX:                                                   |                                        |
|                                                                                                                      |                                         |                                         |                                               | <del></del>                                            | apha progrumering. com                 |
| APPLICANT: David Dono                                                                                                | when t 5h                               | rle, S                                  | avarese                                       | PHONE: \$                                              | 77-4327                                |
| ADDRESS: 10712 HUMF                                                                                                  | PHRISS /AN                              | 5 Su                                    | )                                             |                                                        |                                        |
| CITY: A/ba                                                                                                           |                                         |                                         | _                                             | FAX:                                                   |                                        |
|                                                                                                                      |                                         |                                         | ZIP <u>87121</u>                              |                                                        | · · · · · · · · · · · · · · · · · · ·  |
| Proprietary interest in site:                                                                                        |                                         |                                         |                                               | attachel                                               | · · · · · · · · · · · · · · · · · · ·  |
| ESCRIPTION OF REQUEST: <u> </u>                                                                                      | INE AOJUS                               | TM6N                                    | 1                                             |                                                        |                                        |
|                                                                                                                      |                                         |                                         |                                               |                                                        |                                        |
| ITE INFORMATION: ACCURACY OF THE Lot or Tract No. 4-A + 6- Subdiv/Addn/TBKA: JOHN BL Existing Zoning: 5-R            | A BURY                                  | G PAI                                   | 2/                                            | Block:                                                 | Unit:                                  |
| <b>L</b>                                                                                                             | •                                       |                                         |                                               |                                                        | CD Map No                              |
| Zone Atlas page(s): H-13                                                                                             | UPC                                     | <del></del>                             |                                               | 59-206-100                                             | ······································ |
| ASE HISTORY:                                                                                                         |                                         | 1-                                      | 013-059                                       | 7-206-091                                              | 6-31708                                |
| List any current or prior case number that                                                                           | t may be relevant to y                  | our applicati                           | on (Proj., App., Di                           | RB-, AX_,Z_, V_, S_, et                                | c.):                                   |
| Proj 1004323                                                                                                         | <u> 75</u>                              | DRB                                     | 01144                                         | · · · · · · · · · · · · · · · · · · ·                  |                                        |
| ASE INFORMATION:  Within city limits?  Yes                                                                           | Within 1000FT of a la                   | andfill?                                | UD                                            |                                                        |                                        |
| No. of existing lots:                                                                                                | No. of proposed lots                    | · 2                                     | Total area of s                               | ite (acres): 0.24                                      | 106                                    |
| LOCATION OF PROPERTY BY STREET                                                                                       |                                         |                                         |                                               |                                                        |                                        |
| Between: Aspen Ave                                                                                                   | 3. On or ivear                          | and                                     | J-40                                          |                                                        |                                        |
| Check-off if project was previously review                                                                           |                                         |                                         | annlication Revie                             | w Team [] Date of row                                  | iour                                   |
| GNATURE Vary E Str                                                                                                   |                                         | , OI 1 TO                               | application increa                            |                                                        | 0-3-20/3                               |
| A                                                                                                                    |                                         | <u> </u>                                | <del></del>                                   |                                                        |                                        |
| (Print) GRUTSKO                                                                                                      | <u> </u>                                | - · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · ·         | Applicant:                                             | ☐ Agent 🕽                              |
| R OFFICIAL USE ONLY                                                                                                  |                                         |                                         |                                               | Fo                                                     | rm revised 4/07                        |
| INTERNAL ROUTING                                                                                                     | Application case nu                     | łmhore                                  |                                               |                                                        |                                        |
| All checklists are complete                                                                                          | /2                                      | RB - 70                                 | 1,99                                          | Action S.F.                                            | Fees<br>\$2500                         |
| All fees have been collected                                                                                         |                                         | - <u> </u>                              | <u>- U                                   </u> | <u></u>                                                |                                        |
| All case #s are assigned                                                                                             | <del></del>                             | <del></del>                             | <del>7-2: -:</del>                            | CMF                                                    | <u>م رين ( ) .</u><br>م                |
| AGIS copy has been sent                                                                                              |                                         |                                         |                                               | <del></del>                                            | _ \$                                   |
| Case history #s are listed Site is within 1000ft of a landfill                                                       | <del></del>                             | <del></del>                             |                                               | <del></del>                                            | _ \$                                   |
| F.H.D.P. density bonus                                                                                               |                                         | <del></del>                             | · · · · · · · · · · · · · · · · · · ·         | <del></del>                                            | _ \$                                   |
| F.H.D.P, fee rebate                                                                                                  | Hearing date                            | 301 1                                   | L. 7~12                                       |                                                        | Total                                  |
| 20                                                                                                                   | Hearing date                            | / LT.                                   | A TACIO                                       |                                                        | \$ <u>305.00</u>                       |
| 10                                                                                                                   | 0-3-13                                  |                                         | Project #                                     | 004323                                                 |                                        |

Planner signature / date

## FORM S(3): SUBDIVISION - D.R.B. MEETING (UNADVERTISED) OR INTERNAL ROUTING

A Bulk Land Variance requires application on FORM-V in addition to application for subdivision on FORM-S.

|                     | Scale drawing of the pro- Site sketch with measure improvements, if the Zone Atlas map with the Letter briefly describing                                                                                                                                                                                                     | AND COMMENT (DRB22 oposed subdivision plat (folder rements showing structures, pare is any existing land use (folder entire property(ies) clearly or explaining, and justifying the related file numbers on the correlated               | to fit into an 8.5" by 14" pearking, Bldg. setbacks, adjactled to fit into an 8.5" by 1 utlined request                                                                                                             | acent rights-of-way and street                                                            |    |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----|
|                     | Letter briefly describing Copy of DRB approved Copy of the LATEST Of List any original and/or                                                                                                                                                                                                                                 | d to 8.5" x 11" e entire property(ies) clearly ou , explaining, and justifying the                                                                                                                                                       | request<br>for Preliminary Plat Extensi<br>ver application                                                                                                                                                          | Your attendance is                                                                        |    |
|                     | Proposed Final Plat (fol- Signed & recorded Final Design elevations & cro Zone Atlas map with the Bring original Mylar of p Copy of recorded SIA Landfill disclosure and E List any original and/or in                                                                                                                        | ded to fit into an 8.5" by 14" possible of perimeter walls entire property (ies) clearly outlet to meeting, ensure property elated file numbers on the Mylarelated file numbers on the coor of final plat data for AGIS is respectively. | cee Agreement for Resident See Agreement for Resident 3 copies at lined younger's and City Surveyout for if property is within a land yer application                                                               | or's signatures are on the plat                                                           |    |
| uAN                 | Proposed Preliminary / ensure property own Signed & recorded Fina Design elevations and of Site sketch with measur improvements, if the Zone Atlas map with the Letter briefly describing, Bring original Mylar of p Landfill disclosure and E Fee (see schedule) List any original and/or in Infrastructure list if required | cate of No Effect or Approval                                                                                                                                                                                                            | 8.5" by 14" pocket) 6 copie atures are on the plat prior ee Agreement for Resident (11" by 17" maximum) 3 arking, Bldg. setbacks, adjactlined request yowner's and City Surveyour if property is within a land eer) | copies acent rights-of-way and street 4" pocket) 6 copies or's signatures are on the plat |    |
|                     | PLEASE NOTE: There are amendments. Significant character proposed Amended Prespocket) 6 copies  Original Preliminary Plate Zone Atlas map with the Letter briefly describing, Bring original Mylar of plate List any original and/or response.                                                                                | langes are those deemed by teliminary Plat, Infrastructure Lis                                                                                                                                                                           | significant and minor change he DRB to require public not st, and/or Grading Plan (folded to fit into the standard plan (folded to fit into request owner's and City Surveyover application                         | ded to fit into an 8.5" by 14" o an 8.5" by 14" by 14" pocket) 6 copies                   |    |
| info<br>with<br>def | he applicant, acknowledge ormation required but not so this application will likely erral of actions.                                                                                                                                                                                                                         | ubmitted<br>result in                                                                                                                                                                                                                    | Applicant                                                                                                                                                                                                           | cant name (print) t signature / date                                                      |    |
| N N N N             | Checklists complete Fees collected Case #s assigned Related #s listed                                                                                                                                                                                                                                                         | Application case numbers 13 - DRB - C                                                                                                                                                                                                    | Project #                                                                                                                                                                                                           | 10-3-13<br>  Planner signature / dat<br>  100-130-3                                       | te |

## Albuquerque

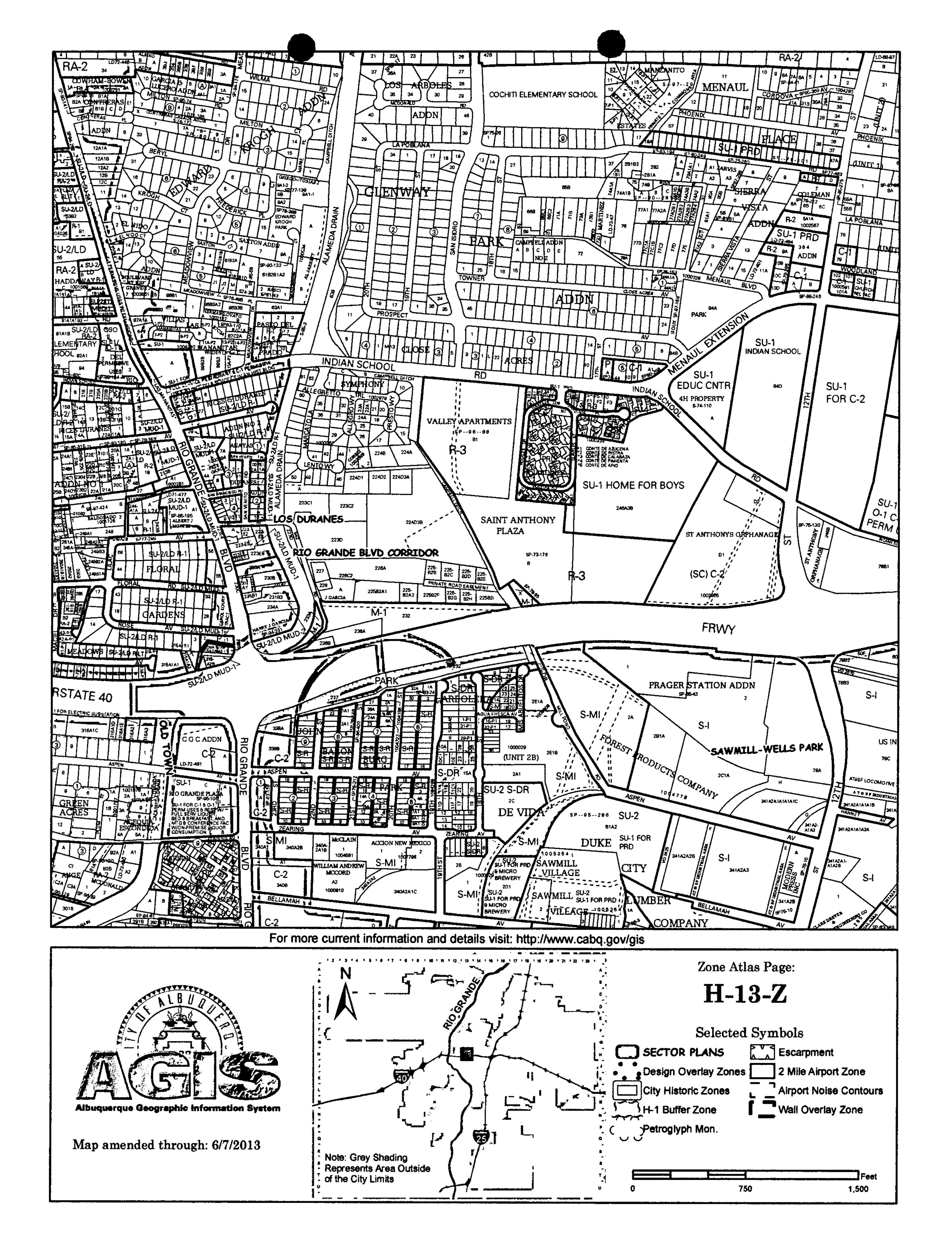


## DEVELOPMENT/ PLAN REVIEW APPLICATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supplen                               | nental:                               | form                                                                                               |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------|-------------|
| SUBDIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S                                     | Z                                     | ZONING & PLANNING                                                                                  |             |
| Major Subdivision action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                                       | Annexation                                                                                         |             |
| Minor Subdivision action Vacation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                       | County Submittal                                                                                   |             |
| Vacation  Vacation  Vacation  Vacation  Vacation  Vacation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | V                                     |                                       | EPC Submittal Zone Map Amendment (Establish or Change                                              |             |
| variance (non 201111g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                       | Zoning)                                                                                            |             |
| SITE DEVELOPMENT PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | P                                     |                                       | Sector Plan (Phase I, II, III)                                                                     |             |
| for Subdivision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       | Amendment to Sector, Area, Facility or                                                             |             |
| for Building Permit Administrative Amendment (AA)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                       | Comprehensive Plan Text Amendment (Zoning Code/Sub Regs)                                           |             |
| IP Master Development Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D                                     |                                       | Street Name Change (Local & Collector)                                                             |             |
| Cert. of Appropriateness (LUCC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ĺ                                     | Α                                     | APPEAL / PROTEST of                                                                                |             |
| STORM DRAINAGE (Form D)  Storm Drainage Cost Allocation Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                       | Decision by: DRB, EPC, LUCC, Planning Director or State ZHE, Zoning Board of Appeals               | iff,        |
| PRINT OR TYPE IN BLACK INK ONLY. The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | enter, 600 2 <sup>nd</sup> Sti        | reet N                                | nust submit the completed application in person to NW, Albuquerque, NM 87102. Fees must be paid at | the<br>the  |
| PPLICATION INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                                       |                                                                                                    |             |
| Professional/Agent (if any): Alpha Po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Survey,                               | 105                                   | LLC PHONE: 892-1076                                                                                |             |
| Professional/Agent (if any): Apha Professional/Agent (if any): 32 NO CIDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UE SE                                 | ð                                     | FAX:                                                                                               |             |
| CITY: 210 DANCHO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATE NM                              |                                       |                                                                                                    | ره          |
| ADDITIONITY Truled Ochable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | + Chirles                             | Say                                   | varese PHONE: 877-4327                                                                             |             |
| APPLICANT: David Donahue. ADDRESS: 10712 HUMPHRIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ( ) / ( ) ( )                         | , ,                                   | PHONE: 8 / / 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7                                                     | <del></del> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                                                                    |             |
| CITY: <i>A1b9</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _ STATE NM                            | ZIP                                   | 87121 E-MAIL:                                                                                      |             |
| Proprietary interest in site:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | i ist                                 | ali own                               | nors see attached                                                                                  |             |
| ESCRIPTION OF REQUEST: LOT LINE A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                       |                                                                                                    | <del></del> |
| ESCRIPTION OF REQUEST: LOT DINCE M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DJ DS TING                            | NI                                    |                                                                                                    | <u></u>     |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                           |                                       |                                                                                                    | <del></del> |
| Is the applicant seeking incentives pursuant to the Fa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | amily Housing Deve                    | lopmer                                | ent Program? Yes. X No.                                                                            |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                     | •                                     |                                                                                                    |             |
| TE INFORMATION: ACCURACT OF THE EXISTING I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LEGAL DESCRIPT                        | 10N 12                                | CRUCIAL! ATTACH A SEPARATE SHEET IF NECESSARY                                                      | ſ.          |
| Lot or Tract No. 4-A + 6-A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                       | Block: Unit:                                                                                       |             |
| Subdiv/Addn/TBKA: JOHN BARON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BURG PA                               | 1RK                                   |                                                                                                    |             |
| Existing Zoning: 5-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | _                                     | MRGCD Map No                                                                                       |             |
| Zone Atlas page(s): $+7-1-3$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | ان<br>کے ہ                            | 213-059-206-100-31709                                                                              | <u></u>     |
| Zone Atlas page(s): 77-75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                                       |                                                                                                    | <del></del> |
| ACE HICTODY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | 1-01                                  | 3-059-206-096-31708                                                                                |             |
| ASE HISTORY:  I ist any current or prior case number that may be rele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | evant to vour applic                  | nation (E                             | (Proj., App., DRB-, AX_,Z_, V_, S_, etc.):                                                         |             |
| Proj 1004323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | ימנוטוו (ו                            | , Γτομ., Αρρ., είτο-, Αλ.,                                                                         | <del></del> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 115 010                               | 01                                    | <u> </u>                                                                                           | <del></del> |
| ASE INFORMATION:  Within city limits? Yes Within 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0FT of a landfill?                    | 112                                   | <b>)</b>                                                                                           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                     |                                       |                                                                                                    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                       |                                                                                                    |             |
| LOCATION OF PROPERTY BY STREETS: On or No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ear: 20 +6                            |                                       | Street NW                                                                                          |             |
| Between: Aspen Are Nw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and _                                 | 1                                     | -40                                                                                                | <del></del> |
| Check-off if project was previously reviewed by Sketc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | h Plat/Plan □, or P                   | re-appl                               | olication Review Team □. Date of review:                                                           |             |
| GNATURE Xcuy & Lubb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | DATE <u>/0-3-20/3</u>                                                                              |             |
| (Print) GARY GRITSKO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                       | A                                                                                                  |             |
| (PIIII) CARIOT CISTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | - · · · · · · · · · · · · · · · · ·   | Applicant:  Agent                                                                                  |             |
| R OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                       | Form revised 4/07                                                                                  |             |
| NITEDALAL BOLITINO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                       | 1 Omitevised 4/07                                                                                  |             |
| 7 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | on case numbers                       | 7/2-                                  | Action S.F. Fees                                                                                   | _           |
| All checklists are complete  All fees have been collected  13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - DRB-7                               | <u>رس (ن</u>                          |                                                                                                    | )           |
| All case #s are assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u> </u>                              | <del> , .</del>                       | <u>Cuf</u> \$20.00                                                                                 |             |
| AGIS copy has been sent ————                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | <del></del>                           | \$                                                                                                 |             |
| Case history #s are listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                       | \$                                                                                                 |             |
| Site is within 1000ft of a landfill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u>                              |                                       | \$                                                                                                 |             |
| F.H.D.P. density bonus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                       | Total                                                                                              |             |
| F.H.D.P. fee rebate Hearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | date Oct.                             | 16.                                   | _2013 \$305.00                                                                                     | )           |
| A THE STATE OF THE |                                       | <del>-</del>                          |                                                                                                    |             |
| 10-3-13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       | Proje                                 | ject # 1604323                                                                                     | _           |
| Planner signa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ture / date                           |                                       |                                                                                                    |             |

A Bulk Land Variance requires application on FORM-V in addition to application for subdivision on FORM-S.

|     | SKETCH PLAT REVIEW AND COMMENT (DRB22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             | Your attendance is required.                             |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------|
|     | <ul> <li>Scale drawing of the proposed subdivision plat (folded to fit in Site sketch with measurements showing structures, parking, improvements, if there is any existing land use (folded to Zone Atlas map with the entire property(ies) clearly outlined Letter briefly describing, explaining, and justifying the requesion.</li> <li>List any original and/or related file numbers on the cover approximation.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Bldg. setbacks, adj<br>fit into an 8.5" by  | jacent rights-of-way and street                          |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                          |
| u   | EXTENSION OF MAJOR PRELIMINARY PLAT (D required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RB08)                                       | Your attendance is                                       |
|     | <ul> <li>Preliminary Plat reduced to 8.5" x 11"</li> <li>Zone Atlas map with the entire property(ies) clearly outlined</li> <li>Letter briefly describing, explaining, and justifying the request</li> <li>Copy of DRB approved infrastructure list</li> <li>Copy of the LATEST Official DRB Notice of approval for Preliminations of the Latest of the country and the control of the country and the control of the country and the country and the country are the control of the country and the country are the country are the country and the country are the country and the country are the country and the country are the country are the country and the country are the country are the country are the country are the country and the country are the country and the country are the count</li></ul> | minary Plat Extens                          | sion request                                             |
|     | List any original and/or related file numbers on the cover apple<br>Extension of preliminary plat approval expires after one year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                          |
|     | MAJOR SUBDIVISION FINAL PLAT APPROVAL (DRB12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | *                                           | Your attendance is required.                             |
|     | <ul> <li>Proposed Final Plat (folded to fit into an 8.5" by 14" pocket) 6</li> <li>Signed &amp; recorded Final Pre-Development Facilities Fee Agree</li> <li>Design elevations &amp; cross sections of perimeter walls</li> <li>Zone Atlas map with the entire property(ies) clearly outlined</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | eement for Resider                          | ntial development only                                   |
|     | Bring original Mylar of plat to meeting, ensure property owner Copy of recorded SIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 's and City Surveyo                         | or's signatures are on the plat                          |
|     | Landfill disclosure and EHD signature line on the Mylar if prop<br>List any original and/or related file numbers on the cover appl<br>DXF file and hard copy of final plat data for AGIS is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | dfill buffer                                             |
| K   | MINOR SUBDIVISION PRELIMINARY/FINAL PLAT APPR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OVAL (DRB16)                                | Your attendance is required.                             |
| i   | 5 Acres or more: Certificate of No Effect or Approval Proposed Preliminary / Final Plat (folded to fit into an 8.5" by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 14" pocket) 6 copi                          | es for unadvertised meetings                             |
| AN  | ensure property owner's and City Surveyor's signatures a<br>Signed & recorded Final Pre-Development Facilities Fee Agre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                           |                                                          |
| •   | Design elevations and cross sections of perimeter walls (11" local Site sketch with measurements showing structures, parking, to the sketch with measurements showing structures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | oy 17" maximum) <b>3</b>                    | copies                                                   |
|     | / improvements, if there is any existing land use (folded to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |                                                          |
|     | Zone Atlas map with the entire property(ies) clearly outlined Letter briefly describing, explaining, and justifying the request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                          |
| j   | Bring original Mylar of plat to meeting, ensure property owner Landfill disclosure and EHD signature line on the Mylar if prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s and City Surveyo<br>erty is within a land | or's signatures are on the plat<br>dfill buffer          |
|     | Fee (see schedule) List any original and/or related file numbers on the cover appli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | cation                                      |                                                          |
|     | Infrastructure list if required (verify with DRB Engineer)  V DXF file and hard copy of final plat data for AGIS is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                          |
|     | - DAI me and naid copy of final plat data for Aoto is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                          |
|     | AMENDMENT TO PRELIMINARY PLAT (with minor char PLEASE NOTE: There are no clear distinctions between significal amendments. Significant changes are those deemed by the DRB Proposed Amended Preliminary Plat, Infrastructure List, and/o pocket) 6 copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nt and minor chang<br>to require public no  | ges with regard to subdivision otice and public hearing. |
|     | <ul> <li>Original Preliminary Plat, Infrastructure List, and/or Grading P</li> <li>Zone Atlas map with the entire property(ies) clearly outlined</li> <li>Letter briefly describing, explaining, and justifying the request</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                           | o an 8.5" by 14" pocket) 6 copies                        |
|     | Bring original Mylar of plat to meeting, ensure property owner' List any original and/or related file numbers on the cover appli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | s and City Surveyo                          | or's signatures are on the plat                          |
|     | Amended preliminary plat approval expires after one year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cauon                                       |                                                          |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                          |
| tł  | ne applicant, acknowledge that any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                                          |
| nfo | rmation required but not submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GARY GRI                                    |                                                          |
|     | this application will likely result in erral of actions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·       | cant name (print)                                        |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | signature / date                                         |
| ZÍ  | Checklists complete Application case numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Form revises                                | October 2007                                             |
| 2   | Fees collected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             | Planner signature / date                                 |
| •   | Related #s listed ————————————————————————————————————                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Project #                                   | 7000-1004323                                             |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                          |



### Alpha Pro Surveying LLC 1436 32<sup>nd</sup> Circle SE Rio Rancho, New Mexico 87124

Office (505) 892-1076 mobile: 259-2003 Email: gary@alphaprosurveying.com

October 2, 2013

City of Albuquerque
Development Review Board
Plaza del Sol
600 Second Street NW
Albuquerque, NM 87102

REF: Lots 4-A & 6-A, Block 7, JOHN BARON BURG PARK Zone Atlas H-13

The applicant requests approval of a lot line adjustment plat of two existing lots. The lot line between Lots 4-A and 6-A will be move back to its original location. No additional lots will be created by this plat. A site plan showing the existing conditions is attached to this letter.

The applicants are as follows:

Owner of Lot 4-A: David Donahue and Shirley Savarese

10712 Humphries Lane SW Albuquerque, NM 87121

UPC No. 1-013-059-206-100-31709

Owner of Lot 6-A: Richard and Anna Marie Anglada

1020 Vista Grande Dr. NW Albuquerque, NM 87105

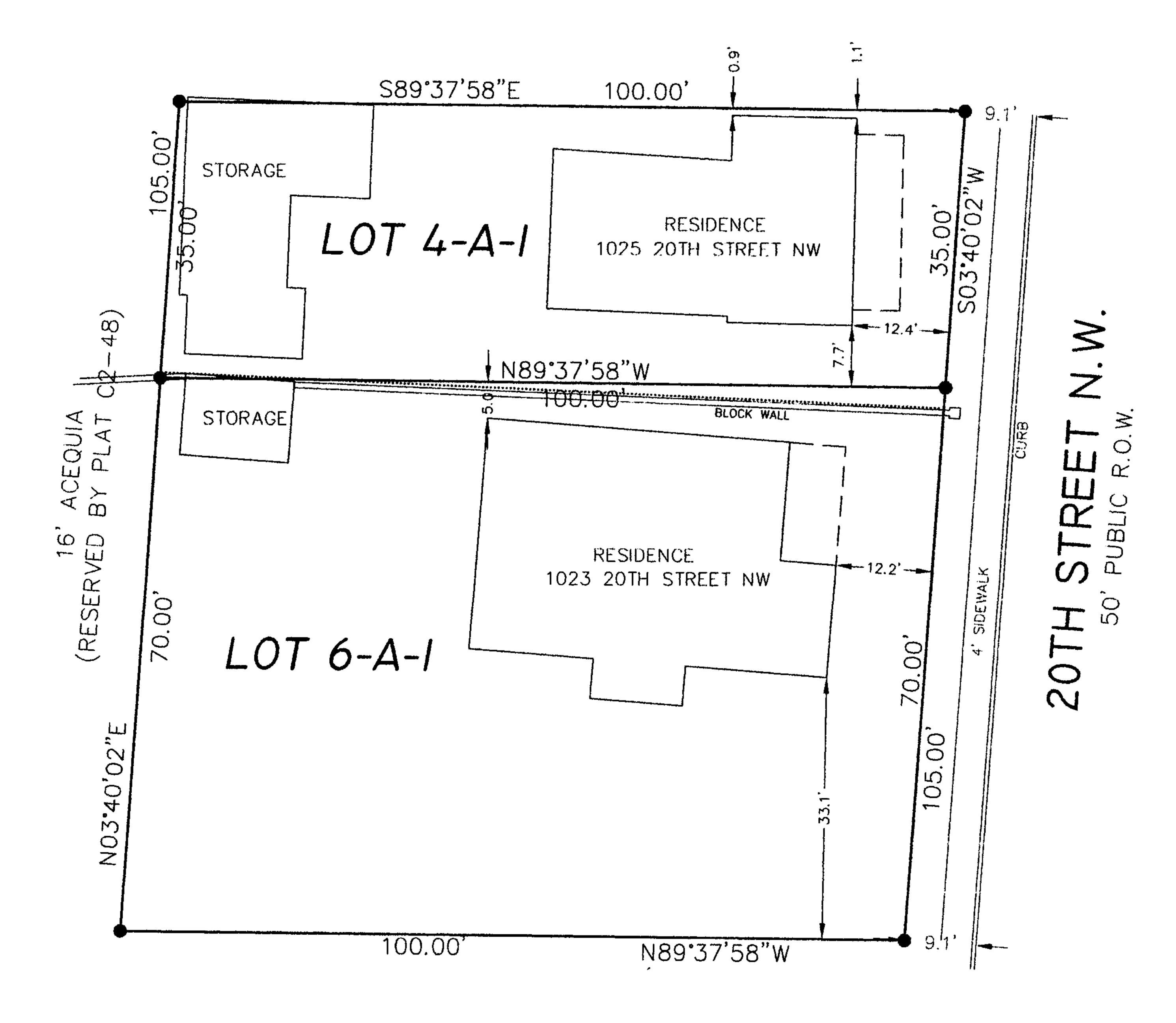
UPC No. 1-013-059-206-096-31708

If you have any questions please feel free to contact me.

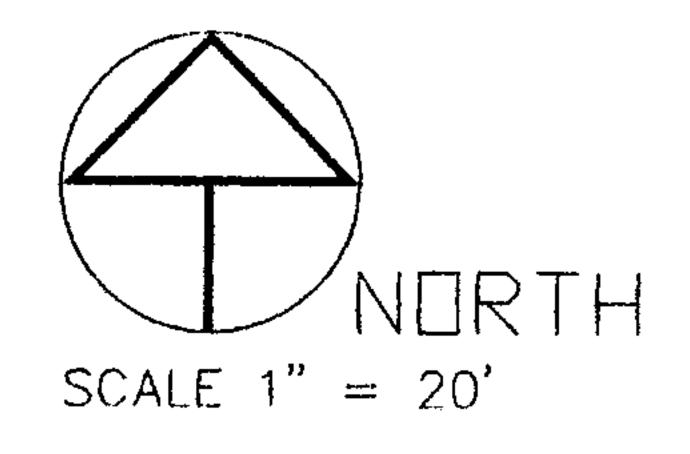
Sincerely

Gary E. Gritsko
NMPS No. 8686

## SITEPLAN



LOT 7 PINON BLUFF SUBDIVISION FD. 11/20/2009 VOL. 3, FOLIO 3133



Detober 16.2023

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# A City of lbuquerque



## **DEVELOPMENT/** PLAN REVIEW APPLICATION

| Supplemental form                                                                                                                                            | Supplemental form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBDIVISION                                                                                                                                                  | ZONING & PLANNING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Major Subdivision action  Minor Subdivision action  DELIM                                                                                                    | Annexation  Annexation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Y Minor Subdivision action PRELIMI [ I I II                                                                                                                  | الم County Submittal EPC Submittal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Yacation  Variance (Non-Zoning)                                                                                                                              | Zone Map Amendment (Establish or Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Variance (Non-Zonnig)                                                                                                                                        | Zoning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SITE DEVELOPMENT PLAN                                                                                                                                        | Sector Plan (Phase I, II, III)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| for Subdivision Purposes                                                                                                                                     | Amendment to Sector, Area, Facility or Comprehensive Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| for Building Permit                                                                                                                                          | Text Amendment (Zoning Code/Sub Regs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| IP Master Development Plan Cert. of Appropriateness (LUCC) L                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cert. or Appropriate 1000 (E000)                                                                                                                             | APPEAL / PROTEST of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                              | Decision by: DRB, EPC, LUCC,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                              | Planning Director or Staff, ZHE,  Zoning Board of Appeals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| RINT OR TYPE IN BLACK INK ONLY. The applicant of a                                                                                                           | gent must submit the completed application in person to the Street NW, Albuquerque, NM 87102. Fees must be paid at the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| me of application. Refer to supplemental forms for submitta                                                                                                  | I requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| · ,*:                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| NOUS INSTITE & HIDIFIL                                                                                                                                       | AVARESE PHONE: 328-432U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| NAME: 1)HY11) 1)UNIUTUU 4 9/1/24                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ADDRESSy 1021 20 JIKELI MU                                                                                                                                   | 1m on 1/L FAX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CITY: 11134. STATE                                                                                                                                           | 11/zip 8/104 E-MAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Proprietary interest in site:Lis                                                                                                                             | t all owners:   [31CHARI) & [1]UH [1UGLH]  [51]  [52]  [53]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54]  [54] |
| MINICITO                                                                                                                                                     | (T) PHONE: 448-0303                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| AGENT (if any): $\frac{211KYUY}{7221KYUY} \frac{2011FUUUF}{111KYUY}$                                                                                         | $QQQ-\Lambda 2\Lambda I$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ADDRESS: A DOLLING DEVILOR OF                                                                                                                                | M 21112 FAX: 10000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CITY: 11134 STATEN                                                                                                                                           | ZIP O 1100 E-MAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ESCRIPTION OF REQUEST: ( PEATE ) WO LEW                                                                                                                      | LOIS PROIT I HREE EXISTING LOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ( PRELIM / FILIAL)                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| in the Line of the Semily Housing De                                                                                                                         | evelopment Program? Yes. V No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Is the applicant seeking incentives pursuant to the Family Housing De                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SITE INFORMATION: ACCURACY OF THE LEGAL DESCRIPTION IS                                                                                                       | ' / 1 1 1 1 1 M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Lot or Tract No                                                                                                                                              | ) Block: Unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Subdiv. / Addn. JOHL SAROH BUREN TI                                                                                                                          | ARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Current Zoning: S-R                                                                                                                                          | Proposed zoning: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 11-17-1                                                                                                                                                      | No. of existing lots: No. of proposed lots:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Zone Atlas page(s):                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Total area of site (acres): 0.2400 Density if applicable: dwe                                                                                                | ellings per gross acre: dwellings per net acre:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Within city limits? $\sqrt{\text{Yes. No}}$ , but site is within 5 miles of the city UPC No. $\frac{1.013 \cdot 059 \cdot 205 \cdot 101 \cdot 31709}{1-013}$ | ty limits.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| UPC No. 1.013.059.205.101.31/09 & 1-013                                                                                                                      | 1059-005-015-31/00 MRGCD Map No. 11/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                              | 20th STREET LIWI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| LOCATION OF PROPERTY BY STREETS: On or Near:ar                                                                                                               | nd HSPEN HYE LIW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Between: Of Stool Rive al                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CASE HISTORY:  List any current or prior case number that may be relevant to your a                                                                          | nnlication (Proj. App. DRB- AX 7 . V . S . etc.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| List any current of prior case number that may be relevant to your ap                                                                                        | ppiioauoii (i ioj., ipp., bito , iot_ia_, t_i o_, otoi/i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                              | December Deview Team Date of review 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Check-off if project was previously reviewed by Sketch Plat/Plan □,                                                                                          | or Pre-application Review Team D. Date of Teview 7/1/2/05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SIGNATURE SIGNATURE ADAH I-IMATO                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (Print)                                                                                                                                                      | Applicant X_Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| OR OFFICIAL USE ONLY                                                                                                                                         | Form revised 9/01, 3/03, 7/03, 10/03, 3/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| INTERNAL ROUTING Application case n                                                                                                                          | umbers Action S.F. Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| All checklists are complete OSDRB                                                                                                                            | -01144 P: F 5(3) \$ 285.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| All fees have been collected                                                                                                                                 | - CMF \$ 20.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| All case #s are assigned                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| AGIS copy has been sent                                                                                                                                      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Case history #s are listed                                                                                                                                   | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 字 Site is within 1000ft of a landfill                                                                                                                        | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| F.H.D.P. density bonus<br>力 F.H.D.P. fee rebate                                                                                                              | 7-20-05<br>\$_305,**                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Muhu mur 7/12/38                                                                                                                                             | Project # 1004323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Planner signature / date                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| FO      | RM S(3): SUBDIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I - D.R.B. MEETING (UNA                                                                                                                                                                                                                                                                                                                                                                                                     | DVERTISED) OR I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NTERNAL ROUTING                                                                                                                                       |                           |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|         | meetings. Sketches a Site sketch with measure improvements, etcete Zone Atlas map with the a Letter briefly describing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and Comment  osed subdivision plat (folded to are not reviewed through international structures, parking if there is any existing land tentire property(ies) precisely and explaining, and justifying the region of the numbers are listed on the                                                                                                                                                                           | fit into an 8.5" by 14" politing.  I routing.  Ing, Bldg. setbacks, adjusted (folded to fit into an clearly outlined and cruest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | acent rights-of-way and str<br>8.5" by 14" pocket) 6 cop                                                                                              | reet<br>ies.              |
|         | MAJOR SUBDIVISION EX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TENSION OF PRELIMINAR                                                                                                                                                                                                                                                                                                                                                                                                       | YPLAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Your attendance is requ                                                                                                                               | ıired.                    |
|         | Letter briefly describing, Copy of previous D.R.B. Copy of the LATEST Office Any original and/or related Extensions are not reviews.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | entire property(ies) precisely an explaining, and justifying the recapproved infrastructure list icial D.R.B. Notice of approval fold file numbers are listed on the ed through internal routing.  approval expires after one year.                                                                                                                                                                                         | uest<br>or Preliminary Plat Exter<br>cover application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                       | opied)                    |
|         | MAJOR SUBDIVISION FI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAL PLAT APPROVAL                                                                                                                                                                                                                                                                                                                                                                                                           | et). A conies for unadve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Your attendance is required meetings 4 copies                                                                                                         |                           |
|         | Internal routing.  Design elevations & cross Zone Atlas map with the Original Mylar drawing of Property owner's and Cit SIA financial guaranty ver Landfill disclosure and Education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | led to fit into an 8.5" by 14" pocks sections of perimeter walls entire property(ies) precisely and the proposed plat for internal relay Surveyor's signatures on the Perification HD signature line on the Mylar of the numbers are listed on the COPY OF FINAL PLAT DA                                                                                                                                                    | d clearly outlined and couting only. Otherwise, Mylar drawing  Irawing if property is with cover application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rosshatched (to be photoc<br>bring Mylar to meeting.<br>hin a landfill buffer                                                                         |                           |
|         | MINOR SUBDIVISION PE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RELIMINARY / FINAL PLAT                                                                                                                                                                                                                                                                                                                                                                                                     | APPROVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Your attendance is rec                                                                                                                                | quired.                   |
|         | Site sketch with measure improvements, etcer Zone Atlas map with the Letter briefly describing, Original Mylar drawing of Property owner's and Cill Landfill disclosure and Exercises (see schedule)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | routing. ements showing structures, parkera, if there is any existing land entire property(ies) precisely are explaining, and justifying the rest the proposed plat for internal resty Surveyor's signatures on the HD signature line on the Mylar ed file numbers are listed on the lired (verify with DRB Engineer) COPY OF FINAL PLAT DA                                                                                 | ting, Bldg. setbacks, aduse (folded to fit into a dearly outlined and cluest outling only. Otherwise, Mylar drawing drawing if property is with the set of | jacent rights-of-way and son 8.5" by 14" pocket) 6 concrosshatched (to be photocombring Mylar to meeting.  thin a landfill buffer  L ROUTING  QUIRED. | treet<br>pies. (copied)   |
|         | AMENDMENT TO PRELI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MINARY PLAT (with minor                                                                                                                                                                                                                                                                                                                                                                                                     | changes)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Your attendance is r                                                                                                                                  | equired.                  |
|         | AMENDMENT TO GRAD PLEASE NOTE: There are amendments. Significant character amendments. Significant character proposed Amended | ASTRUCTURE LIST (with minor charmon clear distinctions between sinanges are those deemed by the eliminary Plat, Infrastructure List or unadvertised meetings.  It, Infrastructure List, and/or Graetings elementer property(ies) precisely a explaining, and justifying the resolution of the proposed amended plat for ity Surveyor's signatures on the ted file numbers are listed on the pproval expires after one year. | gnificant and minor charge DRB to require public and/or Grading Plan (folded to fit in the diagram of the fit in the fit  | olded to fit into an 8.5" by  to an 8.5" by 14" pocket)  crosshatched (to be photo-                                                                   | 14" 6 copies copied)      |
| a<br>s  | the applicant, acknowled<br>ny information required<br>ubmitted with this applica<br>kely result in deferral of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | but not                                                                                                                                                                                                                                                                                                                                                                                                                     | man Appl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | icant signature / date                                                                                                                                | ALBUQUERQUE<br>NEW MEXICO |
| Z       | Checklists complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Application case number                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -1                                                                                                                                                    | 12/05                     |
| <u></u> | Fees collected                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OS DRB 011                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Planner sign                                                                                                                                          |                           |
|         | Case #s assigned Related #s listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                             | Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | # 1604323                                                                                                                                             |                           |

## Surveys Southwest, LTD

333 Lomas Blvd., NE \* Albuquerque, New Mexico 87102 \* 998-0303 \* Fax 998-0306

July 12, 2005

DEVELOPMENT REVIEW BOARD MEMBERS
PLAZA DEL SOL
600 SECOND STREET NW
ALBUQUERQUE, NM 87102

REF: LOTS 4-A & 6-A, BLOCK 7, JOHN BARON BURG PARK

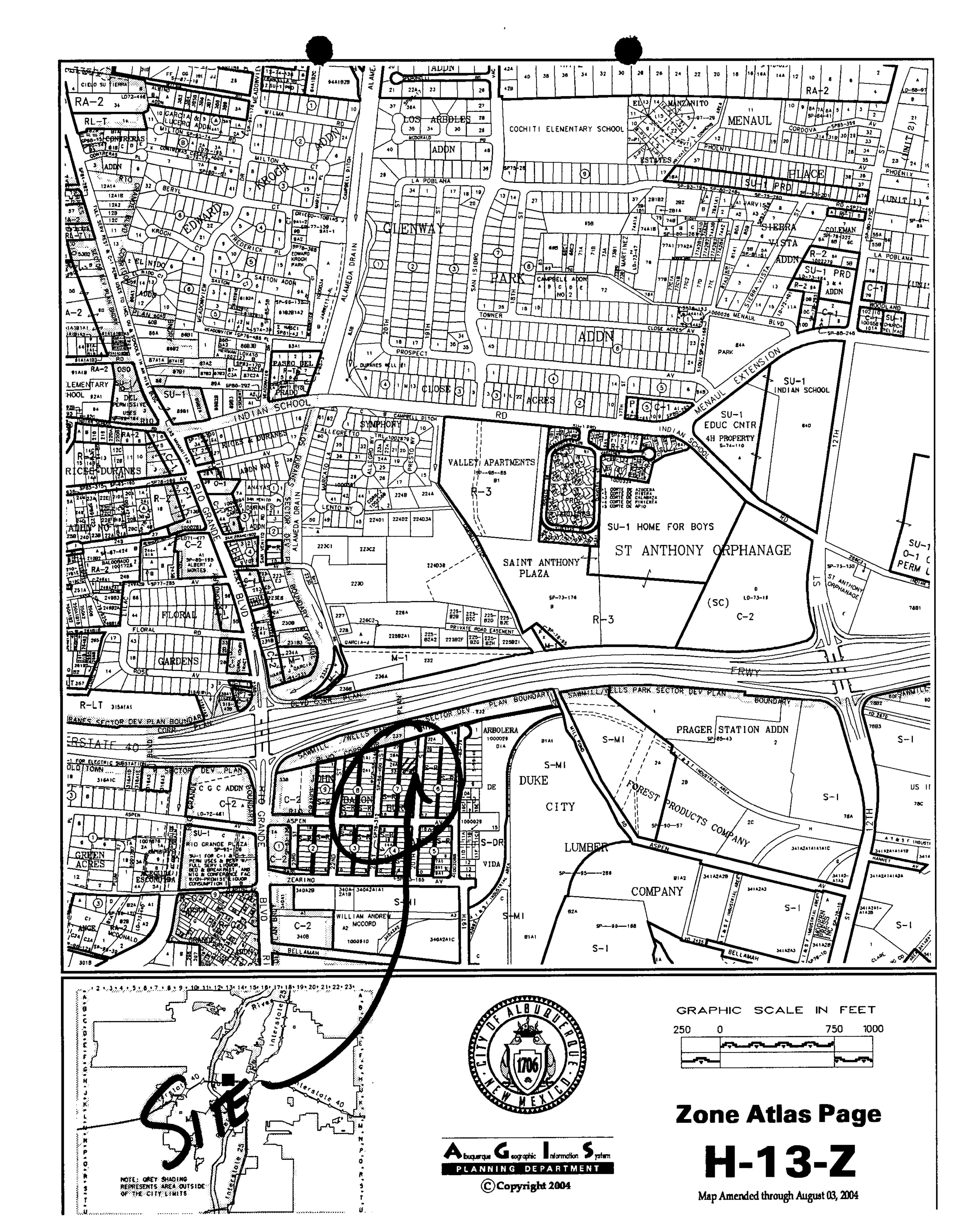
Dear Board Members:

the purpose of the above referenced replat is to create Two(2) new lots from Three (3) existing lots and to correct the existing encroachments.

If you have any questions please feel free to contact me.

Sincerely,

Dan Graney President



## ONE STOP SHOP CITY OF ALBUQUERQUE PLANNING DEPARTMENT Development & Building Services

#### PAID RECEIPT

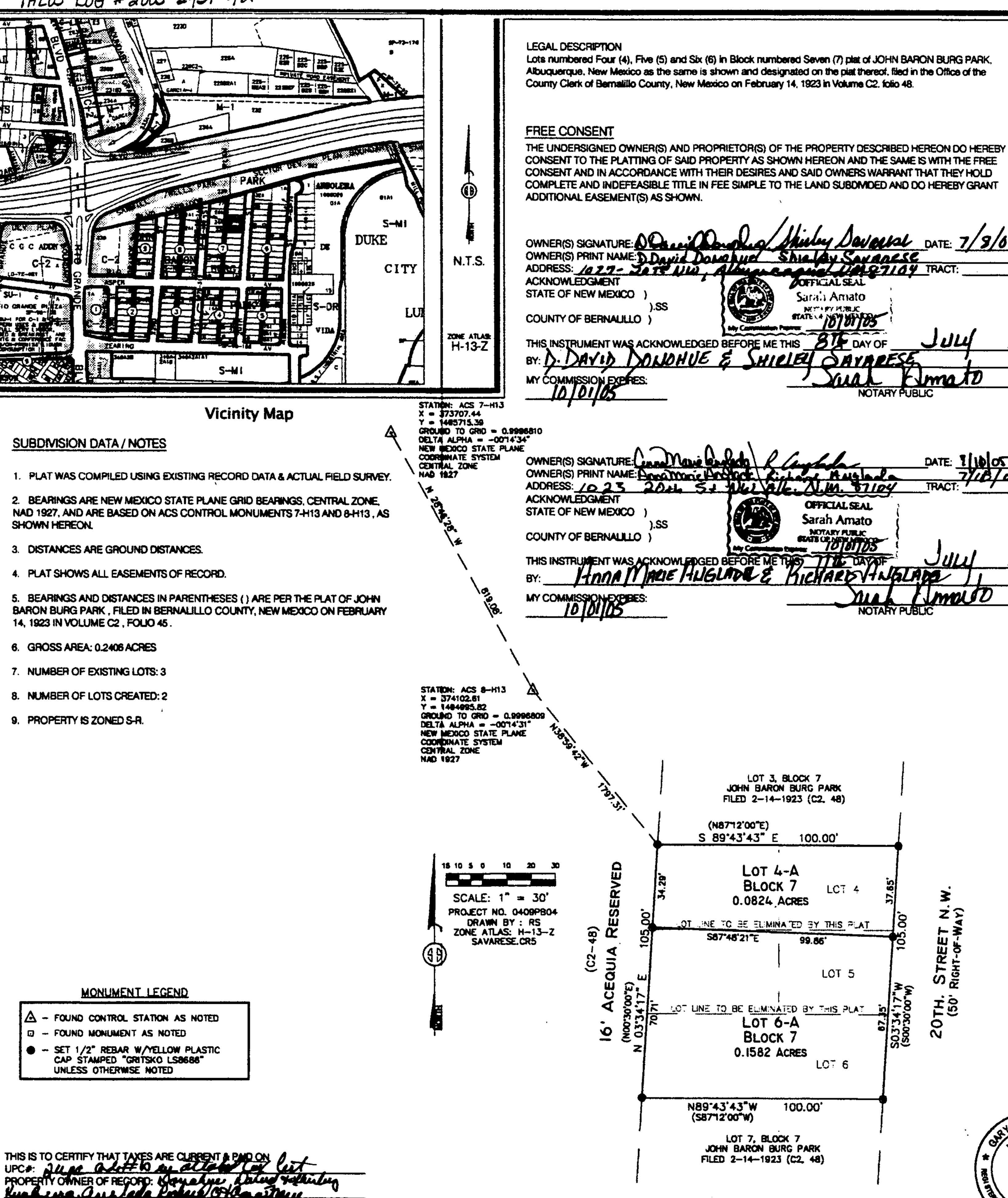
| APPLICANT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | David Donohue: Shirley Savavese                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Surreys Southwest LTD                                                                                                                                                                                                         |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 333 Lowar Blvd. N.E.                                                                                                                                                                                                          |
| PROJECT & APP #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1004323 / 05DRB 01144                                                                                                                                                                                                         |
| PROJECT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                                                                                                                                                                                                                   |
| \$ 20.00 441032/3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 424000 Conflict Management Fee                                                                                                                                                                                                |
| \$ .285,33 441006/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 983000 DRB Actions                                                                                                                                                                                                            |
| \$441006/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 971000 EPC/AA/LUCC Actions & All Appeals                                                                                                                                                                                      |
| \$441018/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 971000 Public Notification                                                                                                                                                                                                    |
| ( )Maj<br>( ) Let                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 983000 DRAINAGE PLAN REVIEW OR TRAFFIC IMPACT STUDY*** jor/Minor Subdivision ( )Site Development Plan ( )Bldg Permit tter of Map Revision ( )Conditional Letter of Map Revision affic Impact Study                            |
| \$_305° TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AMOUNT DUE                                                                                                                                                                                                                    |
| *** <u>NOTE</u> : If a subsequent<br>additional charge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | at submittal is required, bring a copy of this paid receipt with you to avoid an                                                                                                                                              |
| Accept Miss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |
| SHIRLEY SAVARES 1027, 20TH ST.N.W. ALBUQUERQUE, NM 87                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | E 4-2004 104-2012 Dat 1101 Dat 1101                                                                                                                                                                                           |
| State of Sta | Majerine \$305100 IT ATEX                                                                                                                                                                                                     |
| Bank of America.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Security feature are included.  Security feature are included.  Security feature are included.  Security feature are included.  Security feature.  Security feature.  Security feature.  Security feature.  Security feature. |
| ACH R/T 107000327                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Bank of America Advantage COV RANS# 0027                                                                                                                                                                                      |
| 3 7 0 0 0 3 2 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OOL275614531100 TRSLS                                                                                                                                                                                                         |
| OCIarke American                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$285.00<br>\$305.00<br>CHANGE \$0.00                                                                                                                                                                                         |

Trani. You

ArcIMS Viewer



ERNAULLO COUNTY TREASURERS OFFICE:



PLAT OF

LOTS 4-A & 6-A, BLOCK 7 JOHN BARON BURG PARK SITUATE WITHIN SECTION 7, T. 10 N., R. 3 E., N.M.P.M. CITY OF ALBUQUERQUE BERNALILLO COUNTY, NEW MEXICO JUNE, 2005

#### DISCLOSURE STATEMENT

DATE: 11005

THE PURPOSE OF THIS PLAT IS TO CREATE TWO (2) NEW LOTS FROM THREE (3)EXISTING LOTS.

CITY APPROVALS: PROJECT NO.: 1004323 APPLICATION NO.05 DRB-0/144 7-12-05 WAL BOY 7-20-05 TRAFFIC ENGINEERING DATE misting Dandord 7/20/05 PACKS RECREATION DEPARTMENT 7-20-05 UTILITIES DE LOPMENT Binghan Bradley M 7/20/05 A.M.A.F.C.A. DATE 7/20/05 CITY BAGINEER 8/02/05 alsor DRB CHAIRPERSON, PLANNING DEPARTMENT DATE

#### SURVEYOR'S CERTIFICATION

I, Gary E. Gritsko, a duly qualified Registered Professional Land Surveyor under the laws of the State of New Mexico, do hereby certify that this plat and description were prepared by me or under my supervision, shows all easements as shown on the plat of record or made known to me by the owners and/or proprietors of the subdivision shown hereon, utility companies and other parties expressing an interest and meets the minimum requirements for monumentation and surveys of the Albuquerque Subdivision Ordinance, and further meets the Minimum Standards for Land Surveying in the State of New Mexico and is true and correct to the best of my knowledge and belief.

Gary E. Gritsko

June 8 2005

New Mexico Pressional Surveyor, 8686

8686

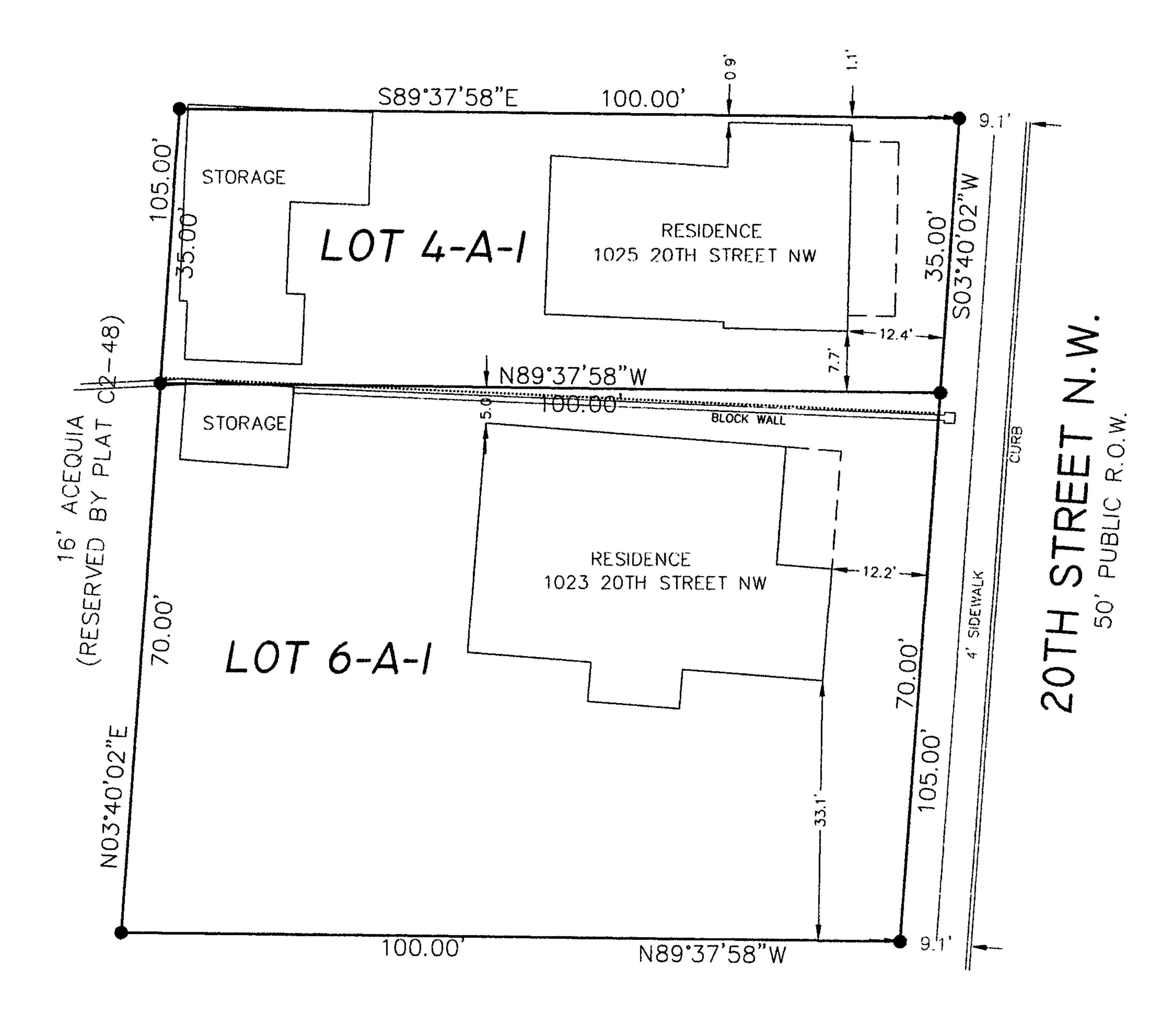
### SURVEYS SOUTHWEST LTD.

333 LOMAS BLVD., N.E. ALBUQUERQUE, NEW MEXICO PHONE: (505) 998-0303 FAX: (505) 998-0306

TION R3E SEC.

Project # 1004323 10-16-13

## SITEPLAN



LOT 7
PINON BLUFF SUBDIVISION
FD. 11/20/2009
VOL. 3, FOLIO 3133

