

### DEVELOPMENT REVIEW BOARD ACTION SHEET

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

November 22, 2006

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

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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: 11:22 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 PLANS

Project # 1001946
 06DRB-01557 Major-Two Year SIA

BOHANNAN HUSTON INC agent(s) for LOWE'S HOME CENTERS INC request(s) the above action(s) for all or a portion of Tract(s) A-1 & A-2, LOS ANGELES CENTER, zoned M-1 light manufacturing zone, located on SAN PEDRO NE between PASEO DEL NORTE NE and PINO NE containing approximately 33 acre(s). [REF:04DRB-01965] (D-18) A TWO-YEAR SIA WAS APPROVED.

2. Project # 1001218
06DRB-01558 Major-Two Year SIA

DALE & GAIL ARMSTRONG request(s) the above action(s) for all or a portion of Tract(s) 1-A, LANDS OF LAFARGE, zoned M-1 light manufacturing zone, located on EDITH BLVD NE, between CARMONY RD NE and MONTANO NE containing approximately 15 acre(s). (G-15) A ONE-YEAR SIA WAS APPROVED.

3. Project # 1002855 06DRB-01559 Major-Two Year SIA

VAN H GILBERT ARCHITECT PC agent(s) for EDWARD GARCIA, GARCIA AUTOMOTIVE GROUP request(s) the above action(s) for all or a portion of Lot(s) 5A, Block(s) 24, EAST END ADDITION, zoned SU-1 for automobile storage special use zone, located on VERMONT ST NE between LOMAS BLVD NE and MARBLE AVE NE. [REF: 05DRB-00790] (J-19) A ONE-YEAR SIA WAS APPROVED.

4. Project # 1004091
06DRB-01560 Major-Vacation of Public Easements

RIO GRANDE ENGINEERING agent(s) for IRVING PARTNERS LLC request(s) the above action(s) for UNPLATTED LANDS OF AMALGAMATED PARTNERS (to be known as **DESERT GARDEN ESTATES**) zoned R-LT residential zone, located on IRVING BLVD NW, between RAINBOW RD NW and PASEO DEL OESTE NW containing approximately 12 acre(s). [REF: 06DRB-00942, 06DRB-00943] (A-9) THE VACATION WAS APPROVED AS SHOWN ON EXHIBIT B IN THE PLANNING FILE.

5. Project # 1002017 06DRB-01540 Major-Vacation of Pub Right-of-Way

MYERS, OLIVER & PRICE PC agent(s) for DAVID & PAM MONTOYA request(s) the above action(s) for all or a portion of EDITH BLVD NE between ALAMEDA NE and FRESQUEZ NE.[Deferred from 11/15/06] (B-17) THE VACATION WAS APPROVED AS SHOWN ON EXHIBIT B IN THE PLANNING FILE.

#### 6. Project # 1004989

06DRB-01411 Major-Preliminary Plat Approval 06DRB-01412 Major-Vacation of Public Easements 06DRB-01413 Minor-Subd Design (DPM) Variance 06DRB-01414 Minor-Sidewalk Waiver 06DRB-01415 Minor-Temp Defer SDWK BOHANNAN HUSTON INC agent(s) for MESA VERDE DEVELOPMENT CO request(s) the above action(s) for all or a portion of Tract(s) A, UNIT 2, WILDERNESS @ HIGH DESERT (to be known as WILDERNESS CANON @ HIGH DESERT) zoned SU-2, HD/R-R, located on HIGH DESERT PL NE, between TRAILHEAD RD NE and EMBUDITO VIEW CT NE containing approximately 4 acre(s). [REF: 06DRB-00933, 04DRB-00713, 04DRB-01723] [Deferred from 10/25/06 & 11/8/06 & 11/15/06 & 11/22/06] (F-23) DEFERRED AT THE AGENT'S REQUEST TO 11/29/06.

#### 7. Project # 1005191

06DRB-01454 Major-Preliminary Plat Approval 06DRB-01455 Major-Vacation of Pub Easements 06DRB-01456 Minor-Sidewalk Variance 06DRB-01457 Minor-Temp Defer SDWK

ADIL RIZVI request(s) the above action(s) for all or a portion of Lot(s) 13-20, Tract(s) A, Block(s) 29, NORTH ALBUQUERQUE ACRES, UNIT B (to be known as SEVANO PLACE SUBDIVISION) zoned R-D, located on LOUISIANA NE, between ALAMEDA NE and SIGNAL NE containing approximately 7 acre(s). [Deferred from 11/1/06 & 11/8/06 & 11/15/06] (C-18) WITH THE SIGNING OF THE INFRASTRUCTURE LIST DATED 11/22/06 AND APPROVAL OF THE GRADING PLAN ENGINEER STAMP DATED 11/21/06 THE PRELIMINARY PLAT WAS APPROVED WITH CONDITIONS OF FINAL PLAT: ENVIRONMENTAL HEALTH SIGNATURE PLAT. RADIUS DEDICATIONS ARE REQUIRED PER THE DPM. ZONING SHALL BE SHOWN AS R-D ON THE PLAT. HOME OWNER'S ASSOCIATION PRESIDENT MUST SIGN THE FINAL PLAT. A 5-FOOT PUBLIC ROADWAY EASEMENT MUST BE SHOWN ON THE PLAT AS VACATED. THE VACATION WAS APPROVED AS SHOWN ON EXHIBIT B IN THE PLANNING FILE. THE SIDEWALK VARIANCE 06DRB-01456 WAS WITHDRAWN AT THE AGENT'S REQUEST. THE TEMPORARY DEFERRAL OF CONSTRUCTION OF SIDEWALKS ON THE INTERIOR STREETS WAS APPROVED AS SHOWN ON EXHIBIT C IN THE PLANNING FILE.

8. Project # 1000296
06DRB-01536 Major-Vacation of Public Easements

BOHANNAN HUSTON INC agent(s) for SCOTT PATRICK HOMES request(s) the above action(s) for all or a portion of Lot(s) 16A-P1 & 17A-P1, **OXBOW VILLAGE**, zoned SU-3, located on OXBOW VILLAGE LANE NW, between OXBOW DR NW and ST. JOSEPHS DR NW containing approximately 1 acre(s). [REF: 05DRB-00789] [Deferred from 11/15/06] (G-11) THE VACATIONS WERE APPROVED AS SHOWN ON EXHIBIT B IN THE PLANNING FILE WITH CONDITIONS OF FINAL PLAT.

### 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.

9. Project # 1004927 06DRB-01632 Minor-SiteDev Plan BldPermit/EPC MULLEN HELLER ARCHITECTURE agent(s) for HARVARD MALL PARTNERS request(s) the above action(s) for all or a portion of Lot(s) 6-10 & 16-21, Block(s) 1 UNIVERSITY HEIGHTS ADDITION, zoned SU-1,UC, located on HARVARD DR SE, between CENTRAL AVE SE and SILVER AVE SE containing approximately 2 acre(s). [REF: 06EPC-00777] [Stephanie Shumsky, EPC Case Planner] [Indef deferred from 11/22/06] (K-15) INDEFINITELY DEFERRED AT AGENT'S REQUEST.

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

10. Project # 1002633 06DRB-01630 Minor-Prelim&Final Plat Approval

ADVANCED ENGINEERING AND CONSULTING, LLC agent(s) for JAYEFF CONSTRUCTION request(s) the above action(s) for Lot(s) 1A, VENTURA PLACE, zoned SU-1 for mixed uses, located on HOLLY AVE NE, between VENTURA ST NE and BARSTOW ST NE containing approximately 10 acre(s). (C-20) THE PRELIMINARY AND FINAL PLAT WAS APPROVED WITH FINAL SIGN OFF DELEGATED TO PLANNING FOR AGIS DXF FILE AND TO RECORD.

11. Project # 1005254
06DRB-01627 Minor-Prelim&Final Plat
Approval

SURVEYS SOUTHWEST LTD agent(s) for GILBERT SANCHEZ request(s) the above action(s) for all or a portion of Lot(s) 85, LOS ALAMOS ADDITION, zoned SU-1 FOR APT & OFFICE, located on 4<sup>TH</sup> ST NW, between PLACITAS RD NW and SANDIA RD NW containing approximately 1 acre(s). [Indef deferred from 11/22/06] (F-14) INDEFINITELY DEFERRED AT THE AGENT'S REQUEST.

12. Project\*\*1005090

06DRB-01606 Minor-Prelim&Final Plat
Approval
06DRB-01607 Minor-Sidewalk Waiver

JAMES TORRES agent(s) for MAURO TORRES & EVANGELINA TORRES request(s) the above action(s) for all or a portion of Lot(s) 130B-1, 130B-2, 130C-1, 130C-2, M.R.G.C.D. Map #31, Tract(s) 130 (to be known as LANDS OF MAURO TORRES) zoned RA-2, located on TEODORO RD NW, between RIO GRANDE BLVD NW and DURANES LATERAL containing approximately 1 acre(s). [REF: 06DRB-01212] [Deferred from 11/15/06] (F-13) WITHDRAWN AT THE AGENT'S REQUEST.

13. Project # 1005250
06DRB-01613 Minor-Prelim&Final Plat
Approval

JOSE RODRIGUEZ request(s) the above action(s) for all or a portion of Lot(s) A, B & C, Block T-1, CARLOS REY SUBDIVISION, zoned R-2 residential zone, located on CHURCHILL RD SW, between COORS BLVD SW and BATAAN DR SW containing approximately 1 acre(s). [Deferred from 11/15/06 & 11/22/06] (K-10) DEFERRED AT THE AGENT'S REQUEST TO 11/29/06.

14. Project # 1004688 06DRB-01572 Minor-Final Plat Approval CLARK CONSULTING ENGINEERS agent(s) for JOHN ABBOTT & BILL H. BURNS request(s) the above action(s) for all or a portion of Tract(s) 2, 2a & 2b, ALVARADO GARDENS ADDITION, UNIT 1, zoned RA-2, located on RIO GRANDE BLVD NW between MATTHEW AVE NW and CAMPBELL RD NW, containing approximately 3 acre(s). [Indef deferred 11/8/06] (G-12/G-13) THE FINAL PLAT WAS APPROVED WITH FINAL SIGN OFF DELEGATED TO PLANNING TO RECORD.

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

15. Project # 1004727 06DRB-01631 Minor-Sketch Plat or Plan GARCIA/KRAEMER & ASSOCIATES agent(s) for ELADIO CHAVEZ request(s) the above action(s) for all or a portion of Lot(s) 2, LANDS OF BACA & CHAVEZ, zoned RA-2 residential and agricultural zone, located on GRIEGOS RD NW, between RIO GRANDE BLVD NW and DIETZ NW containing approximately 1 acre(s). (F-13) THE ABOVE REQUEST WAS REVIEWED AND COMMENTS WERE GIVEN.

16. Project # 1005253 06DRB-01625 Minor-Sketch Plat or Plan LILIA GONZALEZ agent(s) for REYES FLORES request(s) the above action(s) for all or a portion of Lot(s) 2B, LANDS OF ANDRIANO CANDELARIA, zoned RD/R-1, located on CALLE SALINAS SW, between 90<sup>TH</sup> ST SW and 94<sup>TH</sup> ST SW containing approximately 1 acre(s). [REF: CZ-80-69] (L-9) THE ABOVE REQUEST WAS REVIEWED AND COMMENTS WERE GIVEN.

17. Approval of the Development Review Board Minutes for November 8 and November 15, 2006. THE DRB MINUTES FOR 11/8 AND 11/15/06 WERE APPROVED BY THE BOARD.

ADJOURNED: 11:22 A.M.

# CITY OF AL UQUERQUE

P.O. Box 1293

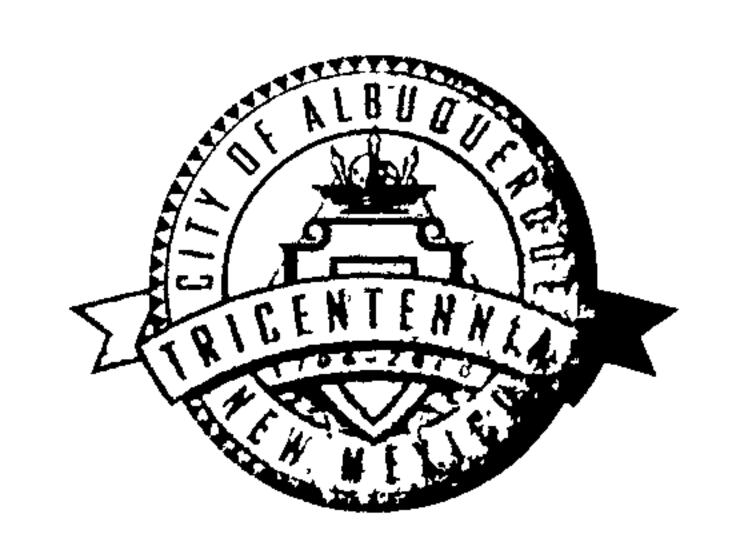
Albuquerque

New Mexico 87103

SIGNED: Bradley L. Bingham

City Engineer / AMAFCA Designee

www.cabq.gov



# PLANNING DEPARTMENT DEVELOPMENT AND BUILDING SERVICES HYDROLOGY DEVELOPMENT SECTION

| DEVELOPMENT REVIEW BOARD – SPEED MEMO                                         |
|-------------------------------------------------------------------------------|
| DRB CASE NO/PROJECT NO: 1005090 AGENDA ITEM NO: 12                            |
| SUBJECT:                                                                      |
| Final Plat Preliminary Plat Sidewalk Waiver                                   |
| ACTION REQUESTED:                                                             |
| REV/CMT: () APPROVAL: (X) SIGN-OFF: () EXTN: () AMEND: ()                     |
| ENGINEERING COMMENTS:                                                         |
| No objection to Sidewalk Waiver request.  No adverse comments.                |
|                                                                               |
|                                                                               |
|                                                                               |
|                                                                               |
|                                                                               |
| RESOLUTION:                                                                   |
| APPROVED; DENIED; DEFERRED; COMMENTS PROVIDED; WITHDRAWN X                    |
| DELEGATED: (SEC-PLN) (SP-SUB) (SP-BP) (FP) TO: (UD) (CE) (TRANS) (PRKS) (PLNC |
|                                                                               |

**DATE:** NOVEMBER 22, 2006



### DEVELOPMENT REVIEW BOARD ACTION SHEET

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

November 15, 2006

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

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A. Call to Order:

9:00 A.M.

Adjourned: 12:25 P.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 PLANS

1. Project # 1000296
06DRB-01536 Major-Vacation of Public Easements

BOHANNAN HUSTON INC agent(s) for SCOTT PATRICK HOMES request(s) the above action(s) for all or a portion of Lot(s) 16A-P1 & 17A-P1, **OXBOW VILLAGE**, zoned SU-3, located on OXBOW VILLAGE LANE NW, between OXBOW DR NW and ST. JOSEPHS DR NW containing approximately 1 acre(s). [REF: 05DRB-00789] [Deferred from 11/15/06] (G-11) **DEFERRED AT THE AGENT'S REQUEST TO 11/22/06.** 

#### 2. Project # 1000572 06DRB-01535 Major-Vacation of Public Easements 06DRB-01538 Minor-Vacation of Private Easements

ISAACSON & ARFMAN PA agent(s) for CENTEX HOMES request(s) the above action(s) for Lot(s) 1B, 2, 3, 5A, 6, 7 & 8, THE LENKURT PROPERTIES, zoned SU-1 PRD, located on CHICO RD NE, between EUBANK BLVD NE and MORRIS ST NE containing approximately 23 acre(s). [REF: 06DRB-01190, 06DRB-01038, 06DRB-01040, 06DRB-01041] (K-21) VACATION WERE APPROVED AS SHOWN ON EXHIBIT B IN THE PLANNING FILE.

#### 3. Project # 1005137 06DRB-01533 Major-Vacation of Pub Right-of-Way 06DRB-01534 Major-Vacation of Public Easements

FRANK VENAGLIA request(s) the above action(s) for Lot(s) 22, Block(s) 21 CITY RIGHT-OF WAY & LANDSCAPED MEDIAN, NEW MEXICO TOWN COMPANY ORIGINAL TOWNSITE, zoned SU-3 special center zone, located on GOLD AVE SW, between 7<sup>TH</sup> ST SW and 8<sup>TH</sup> ST SW containing approximately 1 acre(s). [REF: 06DRB-01326] (K-14) VACATIONS WERE APPROVED AS SHOWN ON EXHIBIT B IN THE PLANNING FILE.

# 4. Project # 1001999 06DRB-01528 Major-Vacation of Pub Right-of-Way

ADVANCED ENGINEERING AND CONSULTING agent(s) for MIQUEL MELENDEZ request(s) the above action(s) for all or a portion of Lot(s) 13A1 through 13A3, Block(s) 14, RAYNOLDS ADDITION, zoned SU-2 FOR MFR, located on 11<sup>TH</sup> ST SW, between SILVER AVE SW and GOLD AVE SW containing approximately 1 acre(s). [REF: 06DRB-01871] (K-13) WITH THE CHANGE TO THE VACATION EXHIBIT THE VACATION WAS APPROVED AS SHOWN ON EXHIBIT B IN THE PLANNING FILE.

5. Project # 1002017 06DRB-01540 Major-Vacation of Pub Right-of-Way MYERS, OLIVER & PRICE PC agent(s) for DAVID & PAM MONTOYA request(s) the above action(s) for all or a portion of EDITH BLVD NE between ALAMEDA NE and FRESQUEZ NE. [Deferred from 11/15/06] (B-17) DEFERRED AT THE AGENT'S REQUEST TO 11/22/06.

6. Project # 1004075
06DRB-01537 Major-Vacation of Pub
Right-of-Way
06DRB-01539 Major-Vacation of Public
Easements

BOHANNAN HUSTON INC agent(s) for MESA DEL SOL LLC request(s) the above action(s) for all or a portion of Tract(s) 4A, 4B, 4C and 1 through 15, **MESA DEL SOL**, zoned SU-2 PLANNED COMMUNITY, located on INTERSTATE 25 SW, between BROADWAY BLVD SW and LOS PICAROS RD SW containing approximately 2,294 acre(s). [REF: 06DRB-00744] [Deferred from 11/15/06] (R-16, Q-16, R-15, R-17, S-14, S-16, S-17, T-16) **DEFERRED AT THE AGENT'S REQUEST TO 12/13/06**.

7. Project # 1004354
06DRB-01541 Major-Vacation of Public Easements

TIERRA WEST LLC agent(s) for MONAHITI LLC request(s) the above action(s) for all or a portion of Lot(s) 22-26 and a portion of Lot(s) 27, Block(s) 9, Tract(s) O, ORIGINAL TOWNSITE OF WESTLAND, zoned C-2, located on 98<sup>TH</sup> ST NW, between CENTRAL AVE NW and VOLCANO RD NW containing approximately 2 acre(s). [REF: 06DRB-01426, ZA-96-227] (K-9) VACATION WAS APPROVED AS SHOWN ON EXHIBIT B IN THE PLANNING FILE.

8. Project # 1004851
06DRB-01452 Major-Preliminary Plat
Approval

JEFF MORTENSEN & ASSOCIATES agent(s) for THE SAWMILL DEVELOPMENT COMPANY LLC request(s) the above action(s) for all or a portion of Tract(s) 2, LANDS OF MCCLAIN and Tract(s) A-3, LANDS OF AND WILLIAM ANDREW MCCORD (to be known as ANTIGUA TRAVESIA, zoned S-M1, located on ZEARING AVE NW. between RIO GRANDE BLVD NW and 19<sup>TH</sup> ST NW containing approximately 3 acre(s). [REF: 06DRB-00556, 06DRB-01095] [Deferred from 11/1/06 & 11/8/06] (H-13) WITH THE SIGNING OF THE INFRASTRUCTURE LIST DATED 11/15/06 AND APPROVAL OF THE GRADING ENGINEER STAMP DATED 10/27/06 PRELIMINARY PLAT WAS APPROVED CONDITION OF FINAL PLAT: DEVELOPER MUST INCLUDE ON THE RESIDENTIAL SUBDIVISION FINAL PLAT THIS STATEMENT: "THE PROPERTY ON THIS PLAT IS SUBJECT TO A PRE-DEVELOPMENT FACILITIES FEE AGREEMENT WITH ALBUQUERQUE PUBLIC SCHOOLS RECORDED AT (INSERT RECORDING INFORMATION HERE)."

9. Project # 1005191
06DRB-01454 Major-Preliminary Plat
Approval
06DRB-01455 Major-Vacation of Pub
Right-of-Way
06DRB-01456 Minor-Sidewalk Variance
06DRB-01457 Minor-Temp Defer SDWK

ADIL RIZVI request(s) the above action(s) for all or a portion of Lot(s) 13-20, Tract(s) A, Block(s) 29, NORTH ALBUQUERQUE ACRES, UNIT B (to be known as SEVANO PLACE SUBDIVISION) zoned R-D, located on LOUISIANA NE, between ALAMEDA NE and SIGNAL NE containing approximately 7 acre(s). [Deferred from 11/1/06 & 11/8/06 & 11/15/06] (C-18) DEFERRED AT THE AGENT'S REQUEST TO 11/22/06.

#### 10. Project # 1004989

06DRB-01411 Major-Preliminary Plat Approval 06DRB-01412 Major-Vacation of Public Easements 06DRB-01413 Minor-Subd Design (DPM) Variance 06DRB-01414 Minor-Sidewalk Waiver 06DRB-01415 Minor-Temp Defer SDWK BOHANNAN HUSTON INC agent(s) for MESA VERDE DEVELOPMENT CO request(s) the above action(s) for all or a portion of Tract(s) A, UNIT 2, WILDERNESS @ HIGH DESERT (to be known as WILDERNESS CANON @ HIGH DESERT) zoned SU-2, HD/R-R, located on HIGH DESERT PL NE, between TRAILHEAD RD NE and EMBUDITO VIEW CT NE containing approximately 4 acre(s). [REF: 06DRB-00933, 04DRB-00713, 04DRB-01723] [Deferred from 10/25/06 & 11/8/06 & 11/15/06] (F-23) DEFERRED AT THE AGENT'S REQUEST TO 11/22/06.

### 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.

# 11. Project # 1004167 06DRB-01611 Minor-SiteDev Plan BldPermit/EPC

CONSENSUS PLANNING agent(s) for LA ORILLA GROUP LLC request(s) the above action(s) for all or a portion of Lot(s) 10-B-1, BOSQUE PLAZA, zoned C-1 (SC) located on COORS BLVD NW, between LA ORILLA RD NW and BOSQUE PLAZA LANE NW containing approximately 1 acre(s). [REF: 06EPC-00066] [Catalina Lehner, EPC Case Planner] [Heard under Project #1004647 which is incorrect] (D-12 & E-12) THE SITE PLAN FOR BUILDING PERMIT WAS APPROVED WITH FINAL SIGN OFF DELEGATED TO PLANNING FOR 3 COPIES.

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

12. Project # 1005247 06DRB-01605 Minor-Prelim&Final Plat Approval

SURVEYS SOUTHWEST LTD agent(s) for GILBERT LOVATO, K-RAM INC request(s) the above action(s) for all or a portion of Lot(s) 30, Block(s) 10, Tract(s) A, NORTH ALBUQUERQUE ACRES, UNIT B, zoned SU-1 & M-1, located on OAKLAND AVE NE, between SAN MATEO BLVD NE and EAGLE AVE NE containing approximately 1 acre(s). (C-18) INDEFINITELY DEFERRED AT THE AGENT'S REQUEST.

### 13. Project # 1004943 06DRB-01547 Minor-Final Plat Approval

SURVEYS SOUTHWEST LTD agent(s) for JULIE GUITERREZ request(s) the above action(s) for all or a portion of Tract(s) D, VILLAGE CENTER NORTH (to be known as PINNACLE PEAK TOWNHOMES) zoned SU-1 for mixed use, located on PINNACLE PEAK NW, between MCMAHON BLVD NW and UNSER BLVD NW containing approximately 2 acre(s). [REF: 06DRB-01164, 06DRB-01165, 06DRB-01167] [Deferred from 11/1/06 & 11/8/06] (A-11) THE FINAL PLAT WAS APPROVED WITH FINAL SIGN OFF DELEGATED TO PLANNING FOR AGIS DXF FILE, APS LANGUAGE AND TO RECORD.

# 14. Project # 1004918 06DRB-01612 Minor-Prelim&Final Plat Approval

BOHANNAN HUSTON agent(s) for MESA DEL SOL LLC request(s) the above action(s) for all or a portion of Tract(s) 4-A-1, 4-A-2 & 4-A-3, MESA DEL SOL, BUILDINGS 2 & 3, zoned SU-2 Planned Community, located on I-25 SW, between BROADWAY BLVD SW and LOS PICAROS RD SW containing approximately 2,287 acre(s). [REF: 06DRB-00744] (R-16, Q-16, R-15, R-17, S-14, S-16, S-17 & T-16) THE PRELIMINARY AND FINAL PLAT WAS APPROVED WITH FINAL DELEGATED PLAT TO TRANSPORTATION DEVELOPMENT **FOR ENCROACHMENT** AGREEMENT. **PROOF** OF RECORDED EASEMENTS & REMOVAL OF VACATION LANGUAGE AND TO PLANNING FOR AGIS DXF FILE AND TO RECORD.

#### 15:--Project #:1005090 \_\_\_\_ 06DRB-01606 Minor-Prelim&Final Plat Approval

06DRB-01607 Minor-Sidewalk Waiver

JAMES TORRES agent(s) for MAURO TORRES & EVANGELINA TORRES request(s) the above action(s) for all or a portion of Lot(s) 130B-1, 130B-2, 130C-1, 130C-2, M.R.G.C.D. Map #31, Tract(s) 130 (to be known as LANDS OF MAURO TORRES) zoned RA-2, located on TEODORO RD NW, between RIO GRANDE BLVD NW and DURANES LATERAL containing approximately 1 acre(s). [REF: 06DRB-01212] [Deferred from 11/15/06] (F-13) DEFERRED AT THE AGENT'S REQUEST TO 11/22/06.

16. Project # 1005250 06DRB-01613 Minor-Prelim&Final Plat Approval

JOSE RODRIGUEZ request(s) the above action(s) for all or a portion of Lot(s) A, B & C, Block T-1, CARLOS REY SUBDIVISION, zoned R-2 residential zone, located on CHURCHILL RD SW, between COORS BLVD SW and BATAAN DR SW containing approximately 1 acre(s). [Deferred from 11/15/06] (K-10) DEFERRED AT THE AGENT'S REQUEST TO 11/22/06.

17. Project # 1005226 06DRB-01543 Minor-Prelim&Final Plat Approval ROSS HOWARD COMPANY agent(s) for ESTELLE BEATY-VAHN request(s) the above action(s) for all or a portion of Lot(s) 1-3 and vacated Garcia Street, Block(s) 42, **SKYLINE HEIGHTS SUBDIVISION**, zoned C-3 & M-1, located on ACOMA ST SE, between ALTEZ ST SE and CONCHAS ST SE containing approximately 1 acre(s). [Indef deferred on a no show on 11/1/06 & 11/15/06] (L-20) INDEFINITELY DEFERRED ON A NO SHOW.

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

18. Project # 1004820 06DRB-01573 Minor-Sketch Plat or Plan EASTERLING CONSULTANTS LLC agent(s) for AQUATIC CONSULTANTS request(s) the above action(s) for all or a portion of Tract(s) D-1-B, **ADOBE WELLS SUBDIVISION**, zoned C-2, located on EAGLE RANCH NW, between IRVING NW and WESTSIDE DR NW containing approximately 4 acre(s). (B-13) THE ABOVE REQUEST WAS REVIEWED AND COMMENTS WERE GIVEN.

19. Project # 1005094 06DRB-01574 Minor-Sketch Plat or Plan EASTERLING CONSULTANTS LLC agent(s) for J. K. DEVELOPMENT INC request(s) the above action(s) for all or a portion of Lot(s) 7, Block(s) A, **GRANDE HEIGHTS SUBDIVISION**, zoned R-1, located on VISTA GRANDE DR NW, between SEQUOIA RD NW and REDLANDS RD NW containing approximately 1 acre(s). (G-11) THE ABOVE REQUEST WAS REVIEWED AND COMMENTS WERE GIVEN.

20. Project # 1005073 06DRB-01614 Minor-Sketch Plat or Plan MOD HAB LLC request(s) the above action(s) for all or a portion of Lot(s) 1, 2 & 3, Block(s) 11, ROSEMONT ADDITION, zoned S-R, located on 12<sup>TH</sup> ST NW, between ROSEMONT NW and ARIAS NW containing approximately 1 acre(s). [REF: 06DRB-01170] (J-13) THE ABOVE REQUEST WAS REVIEWED AND COMMENTS WERE GIVEN.

21. Approval of the Development Review Board Minutes for November 8, 2006. APPROVAL OF DRB MINUTES WAS DEFERRED.

ADJOURNED: 12:25 P.M.

# CITY OF AL UQUERQUE



# PLANNING DEPARTMENT DEVELOPMENT AND BUILDING SERVICES HYDROLOGY DEVELOPMENT SECTION

DEVELOPMENT REVIEW BOARD - SPEED MEMO

|                  | DRB CASE NO/PROJECT NO: 1005090 AGENDA ITEM NO: 15                             |
|------------------|--------------------------------------------------------------------------------|
|                  | SUBJECT:                                                                       |
|                  | Final Plat Preliminary Plat Sidewalk Waiver                                    |
|                  | ACTION REQUESTED:                                                              |
|                  | REV/CMT: () APPROVAL: (X) SIGN-OFF: () EXTN: () AMEND: ()                      |
|                  | ENGINEERING COMMENTS:                                                          |
| O. Box 1293      | No objection to Sidewalk Waiver request. No adverse comments.                  |
| lbuquerque       |                                                                                |
| lew Mexico 87103 |                                                                                |
| ww.cabq.gov      |                                                                                |
|                  | RESOLUTION:                                                                    |
|                  | APPROVED; DENIED; DEFERRED; COMMENTS PROVIDED; WITHDRAWN                       |
|                  | DELEGATED: (SEC-PLN) (SP-SUB) (SP-BP) (FP) TO: (UD) (CE) (TRANS) (PRKS) (PLNG) |
|                  | SIGNED: Bradley L. Bingham City Engineer / AMAFCA Designee                     |

### CITY OF ALBUQUERQUE PLANNING DEPARTMENT November 15, 2006 DRB Comments

**ITEM # 15** 

PROJECT # 1005090

**APPLICATION # 06DRB-01606&01607** 

**RE:** Lots 130B-1, 130B-2, 130-C1 and 130C-2, MRGCD Map 31, Tract 130/minor plat & sw

The property is currently zoned RA-2, a residential zone, eligible for the payment of APS facilities fees. Applicant was sent to APS when he said the property was used for agricultural purposes only now. Planning is asking APS to provide an exemption statement for the applicant for this platting action. When he does develop, he should pay at building permit.

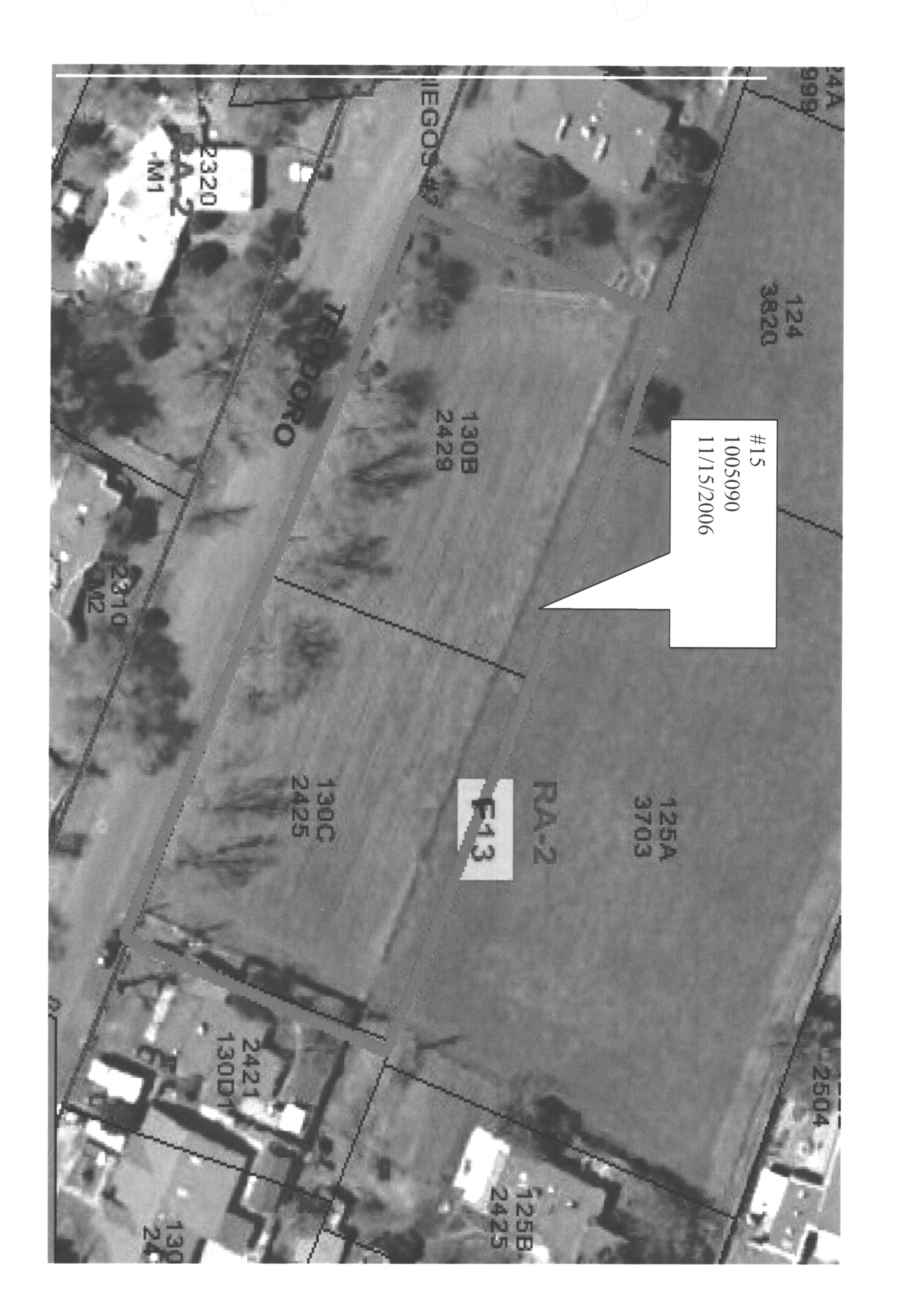
The lots are large enough for RA-2 zoning.

Planning will take delegation to record the plat.

Sheran A Matson, AICP

DRB Chair

924-3880 fax 924-3864 smatson@cabq.gov



### PLANNING TRACKING LOG

Date Project Name &# Action Request Action Taken

8/30/06 MRSCD

Map#3/

Project Name &# Action Request Action Taken

Map#3/

Project Name & # Action Request Action Taken

Map#3/

Project Name & # Action Request Action Taken

Map#3/

Project Name & # Action Request Action Taken

Project Name & # Action Taken

Projec



### IMPACT FEES

Development Review Board 8/30/06

Agenda Item Number: 17

Project Number: 1005090

Site: Lots 130B-1, 130B-2, 130C & 130C-1Tract 130

M.R.G.C.D. Map # 31

Zoned: RA-2

Impact Fees are not applicable at this time of platting. However, Impact Fees will be required at the time a building permit is issued for each home on each lot. Using an average of 2000sf of heated area the estimated impact fees are as follows:

- 3. Public Safety Facilities, Eastside: \$552.00
- 4. Parks, Recs., Trails, N. Valley/I-25 area: \$3260.00

JACK CLOUD
IMPACT FEE ADMINISTRATOR



# 1005030 p

# CITY OF AI "UQUERQUE

SIGNED: Bradley L. Bingham

City Engineer/AMAFCA Designee

P.O. Box 1293

Albuquerque

New Mexico 87103

www.cabq.gov



# PLANNING DEPARTMENT DEVELOPMENT AND BUILDING SERVICES HYDROLOGY DEVELOPMENT SECTION

DEVELOPMENT REVIEW BOARD--SPEED MEMO

| DRB CASE NO/PROJECT NO: 1005090             | AGENDA ITEM NO: 17                 |
|---------------------------------------------|------------------------------------|
| SUBJECT:                                    |                                    |
| Sketch Plat/Plan                            |                                    |
|                                             |                                    |
| ACTION REQUESTED:                           |                                    |
| REV/CMT:(x) APP:() SIGN-OFF:() EXTN:() AMI  | END:()                             |
| ENGINEERING COMMENTS:                       |                                    |
| No adverse comments.                        |                                    |
|                                             |                                    |
|                                             | <b>A</b>                           |
| RESOLUTION:                                 | discussal                          |
| APPROVED; DENIED; DEFERRED; CO              | MMENTS PROVIDED X; WITHDRAWN       |
| SIGNED-OFF: (SEC-PLN) (SP-SUB) (SP-BP) (FP) | BY: (UD) (CE) (TRANS) (PKS) (PLNG) |
| DELEGATED: (SEC-PLN) (SP-SUB) (SP-BP) (FP)  | TO: (UD) (CE) (TRANS) (PKS) (PLNG) |
| FOR:                                        |                                    |

**DATE**: August 28, 2006

# DEVELOPMENT REVIEW BOARD TRANSPORTATION DEVELOPMENT Standard Comment Sheet

| DRB-1005090          | Item No.   | 17       | Zone Atlas | F-13        |
|----------------------|------------|----------|------------|-------------|
| DATE ON AGENDA 8-23- | 06         |          |            |             |
| INFRASTRUCTURE REQUI | RED (X) YE | S ()NO   |            |             |
| CROSS REFERENCE:     |            |          |            |             |
|                      |            |          |            |             |
|                      |            |          |            |             |
| TYPE OF APPROVAL REQ | UESTED:    |          |            |             |
| (X)SKETCH PLAT ( )PR | ELIMINARY  | PLAT ()  | FINAL PLAT |             |
| ( )SITE PLAN REVIEW  | AND COMME  | NT ()SIT | E PLAN FOR | SUBDIVISION |
| ( )SITE PLAN FOR BUI |            |          |            |             |
|                      |            |          |            |             |
| <u>No.</u>           | Cc         | mment    |            |             |

- 1) A cross section of Teodoro Road is needed. Are there any curbs? Sidewalks?
- 2) What is the distance from the edge of the road to the property line?
- 3) Does Teodoro Road continue across the Lateral?

If you have any questions or comments please call Wilfred Gallegos at 924-3991. Meeting notes:

November 20, 2006

City of Albuquerque
Development Review Board
600 2<sup>nd</sup> Street N.W.
Albuquerque, NM 87102

Application Withdrawal

I, Mauro P. Torres and my wife Evangelina H. Torres, are requesting to Withdraw our Application for a Minor Subdivision action.

DRB CASE NO/PROJECT NO: 1005090
Preliminary Plat and Final Plat NO: 06.01606

Sidewalk Waiver NO: 06.01607

Thank you for all the assistance and help with this matter.

Mauro P. Torres

2431 Teodoro Rd. NW

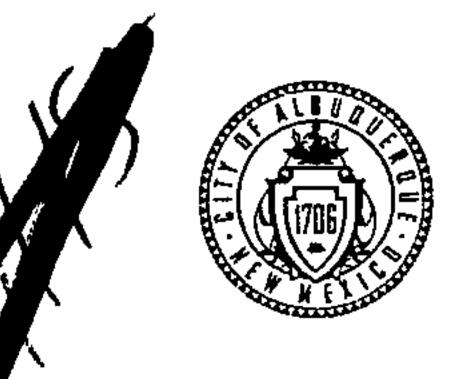
Albuquerque, NM 87107

Evangelina H. Torres

2431 Teodoro Rd. NW

Albuquerque, NM 87107





### DRB CASE ACTION LOG

| REVISED 9/28/05                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.: NORB-01606 PLF Project # 1005090                                                                                                                                                                                                                                                                                                        |
| Project Name: Xandon Mauro Jugar)                                                                                                                                                                                                                                                                                                                            |
| Agent: January / Phone Not:                                                                                                                                                                                                                                                                                                                                  |
| Your request for (SDP for SUB), (SDP for BP), (FINAL PLATS), (MASTER DEVELOP. PLAN), was approved on/by the DRB with delegation of signature(s) to the following departments.  OUTSTANDING SIGNATURES COMMENTS TO BE ADDRESSED                                                                                                                               |
| - TRANSPORTATION:                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                              |
| UTILITIES:                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                              |
| CITY ENGINEER / AMAFCA:                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                              |
| D PARKS / CIP:                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                              |
| □ PLANNING (Last to sign):                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                              |
| <ul> <li>Planning must record this plat. Please submit the following items:         <ul> <li>The original plat and a mylar copy for the County Clerk.</li> <li>Tax certificate from the County Treasurer.</li> <li>Recording fee (checks payable to the County Clerk). RECORDED DATE:</li> <li>Tax printout from the County Assessor.</li> </ul> </li> </ul> |
| <ul> <li>3 copies of the approved site plan. Include all pages.</li> </ul>                                                                                                                                                                                                                                                                                   |
| <ul> <li>County Treasurer's signature must be obtained prior to the recording of the plat<br/>with the County Clerk.</li> </ul>                                                                                                                                                                                                                              |
| Property Management's signature must be obtained prior to Planning Department's                                                                                                                                                                                                                                                                              |
| signature.<br>□ AGIS DXF File approval required.                                                                                                                                                                                                                                                                                                             |
| □ Copy of recorded plat for Planning.                                                                                                                                                                                                                                                                                                                        |

Dr. Brad Winter EXECUTIVE DIRECTOR

DRB Project # 100500

### FINAL PRE-DEVELOPMENT FACILITIES FEE AGREEMENT

APS, having reviewed the proposed plat of Tracts 130-B and 130-C as shown on the Middle Rio Grande Conservancy District Amended Map 31 situate within the projected section 31, Township 11 North, Range 3 East, New Mexico Principal Meridian, City of Albuquerque, Bernalillo County, New Mexico with the Elena Gallegos Land Grant, which is zoned as RA-2, on November 10, 2006 submitted by James Torres, has determined that no Pre-Development Facilities Fee Agreement is required with respect to that proposed plat because the property owner is correcting the legal descriptions for these lots, which ultimately consolidates five lots into three lots.

ALBUQUERQUE PUBLIC SCHOOLS

| By: Beal    | MU                                             |
|-------------|------------------------------------------------|
| Signature / | Vi                                             |
| BRAD WINT   |                                                |
|             | cutive Director Facilities & Support Operation |

STATE OF NEW MEXICO
COUNTY OF BERNALILLO

|        | This instrument was acknowledged before me on 11/13/2000 by Bood William as Executive Director Facilities Albuquerque              |
|--------|------------------------------------------------------------------------------------------------------------------------------------|
| Munic  | ipal School District No. 12, Bernalillo and Sandoval Counties, a school district                                                   |
| organi | zed and existing under the laws of the State of New Mexico.                                                                        |
| (Seal) | Mary Ann Rhinehart Mary Public  NOTARY PUBLIC Notary Public  STATE OF NEW MEXICO  Alsslon Expires: My Commission expires: 913 9010 |

Albuquerque, NM 87106-4308

505.764.9726

505.247.3773 fax

Facilities Design & Construction

# A City of Albuquerque

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Supplement                                                                                                                              | al form                                                                    |                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------|
| SUBDIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ·SZ                                                                                                                                     | ZONING & PLANNING                                                          |                                                    |
| Major Subdivision act Minor Subdivision act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                         | Annexation                                                                 | · C. damaittal                                     |
| Vacation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | .ion<br><b>V</b>                                                                                                                        | •                                                                          | ' Submittal<br>ubmittal                            |
| Variance (Non-Zoning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | g)                                                                                                                                      | <del></del>                                                                | ndment (Establish or Change                        |
| SITE DEVELOPMENT PLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . NI                                                                                                                                    | Zoning) Sector Plan (Pha                                                   | 200                                                |
| for Subdivision Purpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                                       |                                                                            | Sector, Area, Facility or                          |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                                       | Comprehensive Pla                                                          | an                                                 |
| for Building Permit IP Master Developme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ant Plan                                                                                                                                |                                                                            | nt (Zoning Code/Sub Regs) ange (Local & Collector) |
| Cert. of Appropriaten                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         | APPEAL / PROTEST of                                                        |                                                    |
| STORM DRAINAGE  Storm Drainage Cost Allo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Cation Plan                                                                                                                             | Decision by: DRB, E<br>ZHE, Zoning Board of                                | PC, LUCC, Planning Director or Staff, f Appeals    |
| PRINT OR TYPE IN BLACK INK ON Department Development Services application. Refer to supplemental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ILY. The applicant or agent mus<br>Center, 600 2 <sup>nd</sup> Street NW, Alb                                                           | t submit the completed app<br>ouquerque, NM 87102. Fe                      | olication in person to the Planning                |
| APPLICANT INFORMATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                                            |                                                    |
| NAME: MAUROP. TORRE ADDRESS: 2431 TEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 t E Vangeling He                                                                                                                      | Torres PHONE                                                               | 505-5/4-1899                                       |
| ADDRESS: 2431 TEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dono Rd NW                                                                                                                              | FAX:                                                                       |                                                    |
| CITY: Albuguerqui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         | IP 8 7/07 E-MAIL:                                                          |                                                    |
| Proprietary interest in site:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                         |                                                                            |                                                    |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | List all ov                                                                                                                             |                                                                            | من ج زمر د در در سر مر                             |
| AGENT (if any): <u>Jam 25</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10rrES                                                                                                                                  | PHONE                                                                      | 505-514-1899                                       |
| ADDRESS: 2431 720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                                                                                                                       | FAX:                                                                       | <b>*</b>                                           |
| CITY: A 1 b u g u e r g  DESCRIPTION OF REQUEST: PR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UR STATE IN Z                                                                                                                           | IP 87/07 E-MAIL:                                                           |                                                    |
| DESCRIPTION OF REQUEST:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ELIMINARY & FIN                                                                                                                         | AC PLAT SI                                                                 | DEWALK WHYIER                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |                                                                            |                                                    |
| Within city limits? X Yes. No, but UPC No. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Proposition of Density if applicable: dwellings potential in the site is within 5 miles of the city limits.)  ETS: On or Near: Rio Gran | sed zoning:  existing lots:  er gross acre:  Within 1  MRGCI  ACE BIVA 4-7 | No. of proposed lots:                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |                                                                            | S_, etc.):                                         |
| Check-off if project was previously reviously | ewed by Sketch Plat/Plan?, or Pre-ar                                                                                                    |                                                                            | of review:                                         |
| (Print) James 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OYF5                                                                                                                                    |                                                                            | Applicant                                          |
| FOR OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                         |                                                                            | Form revised 4/04                                  |
| INTERNAL ROUTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Application case numbers                                                                                                                | Action_                                                                    | S.F. Fees                                          |
| All checklists are complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 06DRB-011                                                                                                                               | 204 P&F                                                                    | <u>5(3)</u> \$ 285.                                |
| All fees have been collected  All case #s are assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OWRBDIV                                                                                                                                 | <u>ه ۵٦</u>                                                                | <u>V</u> \$                                        |
| All case #s are assigned  AGIS copy has been sent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                         | <u>cmf</u>                                                                 | <u>\$\$\$</u>                                      |
| Case history #s are listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                         | <del></del>                                                                | \$                                                 |
| Site is within 1000ft of a landfill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                         |                                                                            |                                                    |
| ☐ F.H.D.P. density bonus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del></del>                                                                                                                             |                                                                            | \$                                                 |
| F.H.D.P. fee rebate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11/10/6                                                                                                                                 |                                                                            | \$<br>Total                                        |
| F.H.D.P. fee rebate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hearing date 11/5/6                                                                                                                     | Project # INDST                                                            | \$ <u>505.</u>                                     |

| FOR           | RM S(3): SUBDIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ON - LB. MEETING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (UNADVERTISED                                                                                                                                                                                                                             | ) J. INTERNAL RO                                                                                                                                                                   | UTING                                                             |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
|               | meetings. Sketche Site sketch with measure improvements, etc. Zone Atlas map with the Letter briefly describing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | W AND COMMENT proposed subdivision plat (for estate are not reviewed through urements showing structures bettera, if there is any existing the entire property(ies) precising explaining, and justifying the entire numbers are listed of the numbers are li | Ided to fit into an 8.5" beinternal routing.  Idea, parking, Bldg. setbact land use (folded to fit sely and clearly outlined the request                                                                                                  | ks, adjacent rights-of-way<br>into an 8.5" by 14" pocket<br>and crosshatched (to be                                                                                                | r unadvertised and street                                         |
|               | IAJOR SUBDIVISION  Preliminary Plat reduce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EXTENSION OF PRELIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IINARY PLAT                                                                                                                                                                                                                               | Your attendance                                                                                                                                                                    | is required.                                                      |
| E             | Zone Atlas map with the Letter briefly describing Copy of previous D.R.I Copy of the LATEST Copy original and/or related at the contract of th | ne entire property(ies) precis<br>g, explaining, and justifying to<br>B. approved infrastructure list<br>Official D.R.B. Notice of approated file numbers are listed of<br>wed through internal routi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | he request<br>et<br>oval for Preliminary Plan<br>on the cover application<br>ng.                                                                                                                                                          | t Extension request                                                                                                                                                                | photocopied)                                                      |
|               | xtension of preliminary pi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | at approval expires after one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | э уеаг.                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                   |
|               | Proposed Final Plat (for Design elevations & creations & creations & creations & creations and Conginal Mylar drawing Property owner's and Copy of recorded SIA Landfill disclosure and Any original and/or relationships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EHD signature line on the Nated file numbers are listed of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ' pocket) 6 copies for ualls 3 copies ely and clearly outlined rnal routing only. Other the Mylar drawing  Iylar drawing if property on the cover application                                                                             | and crosshatched (to be provided and crosshatched) and the meet within a landfill buffer                                                                                           | photocopied)                                                      |
|               | _ DXF FILE AND HAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ED COPY OF FINAL PLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I DATA FOR AGIS R                                                                                                                                                                                                                         | S REQUIRED.                                                                                                                                                                        |                                                                   |
|               | Proposed Preliminary / 4 copies for internal Site sketch with measure improvements, etc. Zone Atlas map with the Letter briefly describing Original Mylar drawing Property owner's and Compand the Landfill disclosure and Fee (see schedule) Any original and/or relating the landfill disclosure list if required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PRELIMINARY / FINAL P<br>Final Plat (folded to fit into a<br>al routing.<br>Irements showing structures<br>etera, if there is any existing<br>e entire property(ies) precise<br>g, explaining, and justifying the<br>of the proposed plat for inter-<br>city Surveyor's signatures on<br>EHD signature line on the Material<br>ated file numbers are listed of<br>uired (verify with DRB Eng<br>ED COPY OF FINAL PLATERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | an 8.5" by 14" pocket) (an 8.5" by 14" pocket) (and use (folded to fit is ely and clearly outlined ne request rnal routing only. Other the Mylar drawing lylar drawing if property needs the cover application ineer)  NO INTE            | cs, adjacent rights-of-way into an 8.5" by 14" pocket and crosshatched (to be powise, bring Mylar to meet is within a landfill buffer ERNAL ROUTING                                | meetings, and street 6 copies. chotocopied)                       |
| 7EGA          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                   |
| Al Al Al Plan | MENDMENT TO INFRAMENDMENT TO GRAIN LEASE NOTE: There are nendments. Significant of Proposed Amended Proposed Amended Proposed Amended Proposed Prop | ASTRUCTURE LIST (with DING PLAN (with minor of the no clear distinctions between thanges are those deemed be eliminary Plat, Infrastructure for unadvertised meetings. Infrastructure List, and/or eetings e entire property(ies) precise proposed amended plate of the proposed amended plate of the proposed amended plate of the numbers are listed of the proval expires after one years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | changes) changes) en significant and minor by the DRB to require put List, and/or Grading Plan Grading Plan (folded to ely and clearly outlined a ne request at for internal routing or the Mylar drawing, if the n the cover application | ablic notice and public hear<br>an (folded to fit into an 8.5<br>fit into an 8.5" by 14" poo<br>and crosshatched (to be p<br>any. Otherwise, bring Myla<br>e plat is being amended | ubdivision<br>aring.<br>5" by 14"<br>ket) 6 copies<br>hotocopied) |
| any i<br>subm | applicant, acknowled itted with this application result in deferral of a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | but not $4$ <u>Jam E</u> ation will                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7                                                                                                                                                                                                                                         | Applicant name (print)  Applicant signature / date revised 8/04, 1/05 & 10/05                                                                                                      | ALBUQUERQUE<br>NEW MEXICO                                         |
| Fe C          | hecklists complete<br>ees collected<br>ase #s assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Application case number - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                           | Sis u/w/i                                                                                                                                                                          | signature / date                                                  |
| D R           | elated #s listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                           |                                                                                                                                                                                    | 7                                                                 |

Any original and/or related file numbers are listed on the cover application
Office of Community & Neighborhood Coordination inquiry response, notifying letter, certified mail receipts

DRB meetings are approximately 8 DAYS after the Tuesday noon filing deadline. Your attendance is required.

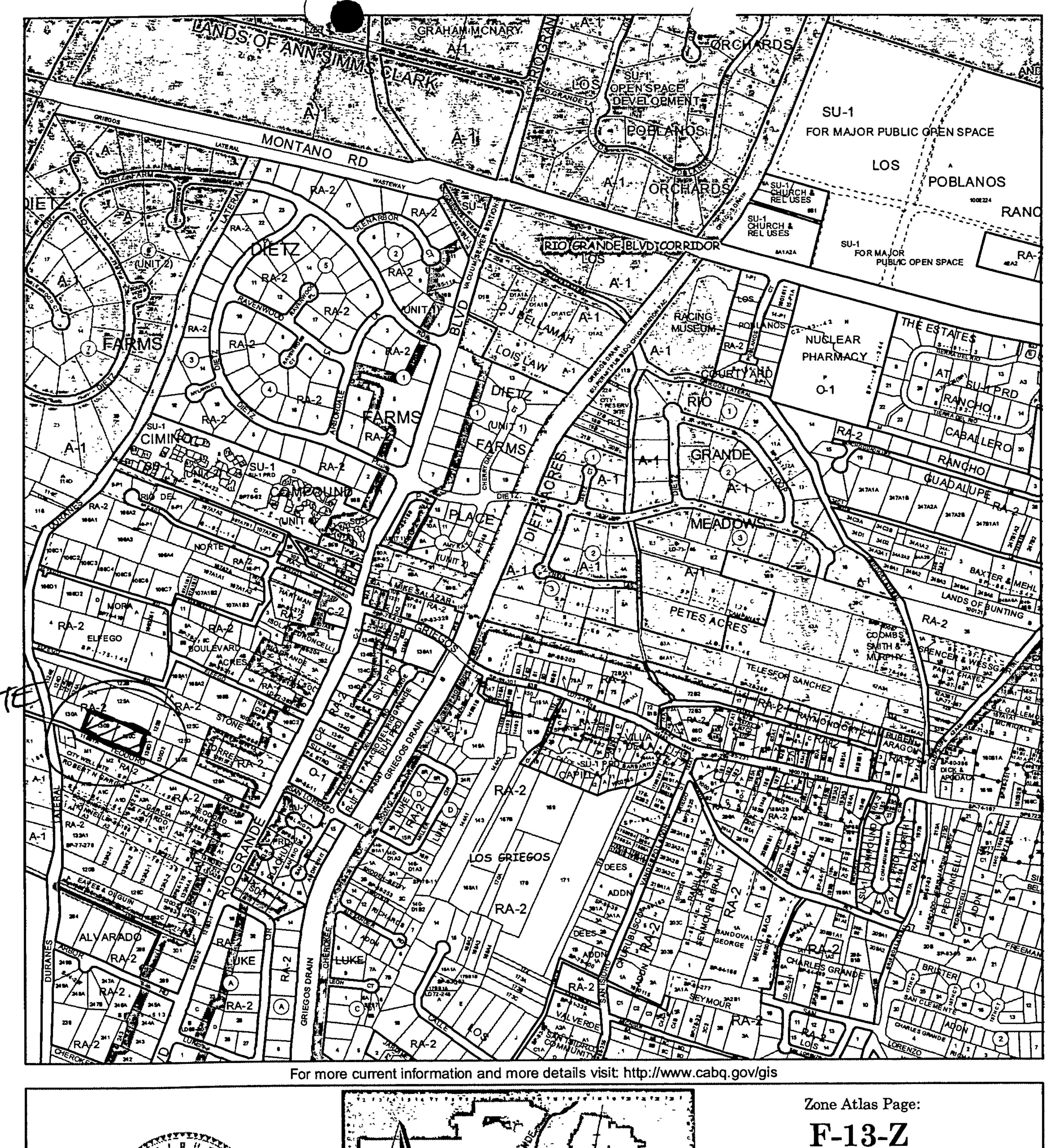
I, the applicant, acknowledge that any information required but not submitted with this application will likely result in deferral of actions.

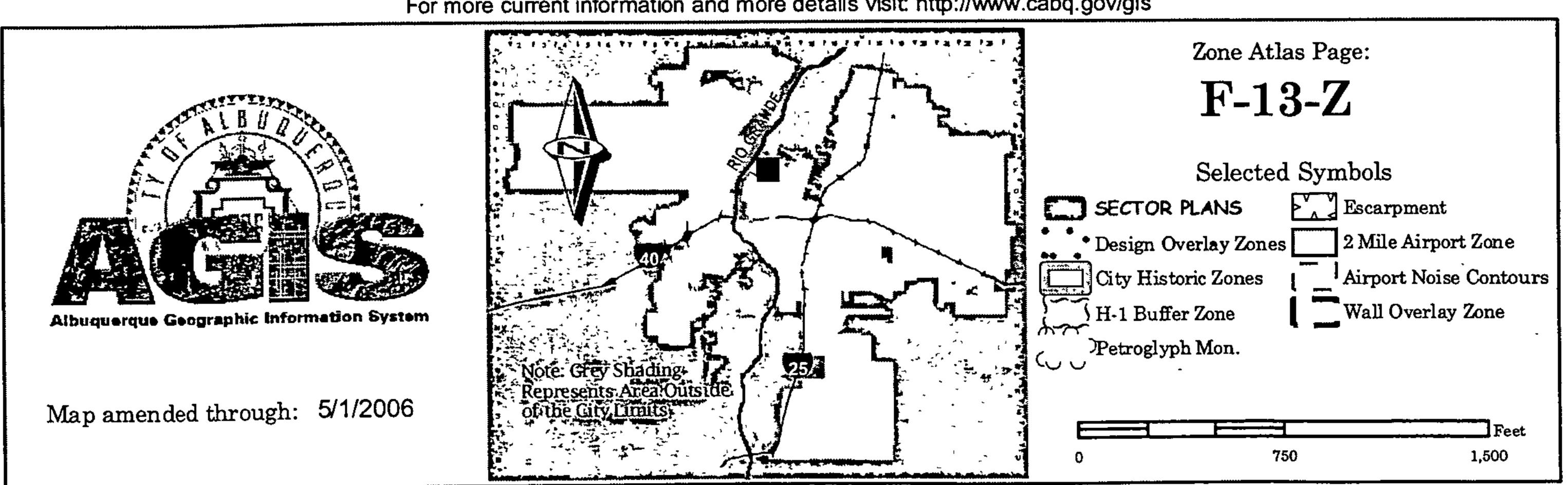
Applicant name (print)
Applicant signature / date

Form revised 4/03, 10/03 and APRIL 2006

Checklists complete
Fees collected
Case #s assigned
Related #s listed

Project #
Proje





November 6, 2006

City of Albuquerque
Development Review Board
600 2<sup>nd</sup> Street N.W.
Albuquerque, NM 87102

Sidewalk Waiver:

I'm requesting a Sidewalk Waiver for the subdivision of lots identified, as Tracts130B (Lot 1) and 130C (Lot 2) of M.R.G.C.D., Map # 31, on Teodoro Rd NW, Albuquerque, NM. 87107. These Lots are used for Agricultural purposes, also there are no curbs or sidewalks on Teodoro Rd.

Thank You

Mauro P. Torres

2431 Teodoro Rd. NW

Albuquerque, NM 87107

Brangelina H.Torres
Evangelina H Torres

2431 Teodoro Rd. NW

Albuquerque, NM 87107

November 6, 2006

City of Albuquerque
Development Review Board
600 2<sup>nd</sup> Street N.W.
Albuquerque, NM 87102

The purpose of this request (Plat) is to combine the three existing lots of Tract 130 M.R.G.C.D. Map #31 identified, as lot Nos. 130-B1, 130-B2 and 130-C1 into two lots identified as lot 130-B (Lot 1) and lot 130-C (Lot 2).

The three existing lots were recorded at the assessor's office only by split request. This replat is to remove said split request and update previous general description surveys for future development.

Thank You

Mauro P. Torres

2431 Teodoro Rd. NW

Albuquerque, NM 87107

Breangelina HiTorkes

Evangelina H. Torres

2431 Teodoro Rd. NW

Albuquerque, NM 87107

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

### PAID RECEIPT

| APPLICANT NAME                               | MAURO TORRES.                                                                                                                                                                                      |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGENT                                        | JAMES TORRES                                                                                                                                                                                       |
| ADDRESS                                      |                                                                                                                                                                                                    |
| PROJECT & APP#                               | 1005090 1060RB-01606,01607                                                                                                                                                                         |
| PROJECT NAME                                 | LANDS OS MAURO TORRES                                                                                                                                                                              |
| \$ 20,00 441032/3                            | 424000 Conflict Management Fee                                                                                                                                                                     |
| \$ 285 441006/4                              | 983000 DRB Actions                                                                                                                                                                                 |
| \$441006/4                                   | 971000 EPC/AA/LUCC Actions & All Appeals                                                                                                                                                           |
| \$441018/4                                   | 971000 Public Notification                                                                                                                                                                         |
| ( )Ma<br>( ) Let<br>( ) Tra                  | 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                                                                                                                                                                                         |
| *** NOTE: If a subsequent additional charge. | at submittal is required, bring a copy of this paid receipt with you to avoid an                                                                                                                   |

JAMES TORRES
2431 TEODORO RD. NW
ALBUQUERQUE, NM 87107

PAY TO THE ORDER OF CITY of Albuquer QUE \$ 305 QQ

Sandia

Sandia

Sandia

Sandia

P.O. Box 2200

Albuquerque, New Medig 87182-109

Pol. Box 2200

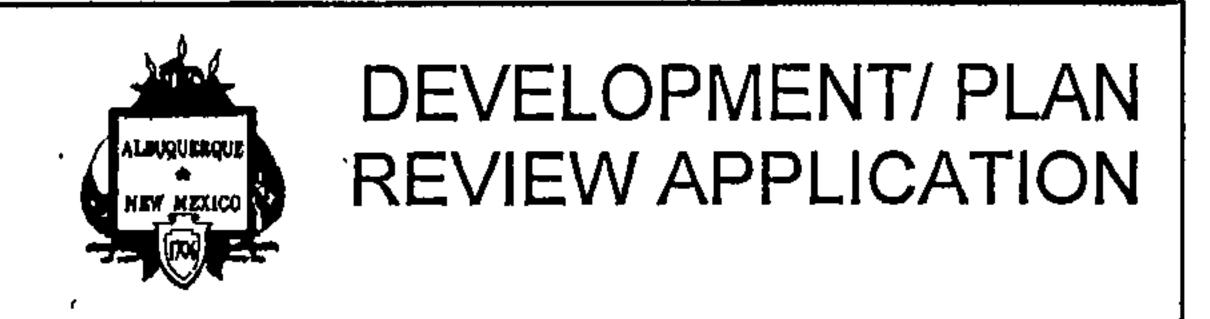
Albuquerque, New Medig 87182-109

FOR I'M QUE DOBLARS

1: 30 70839121: 01859200 21 5090

| 130C<br>20tx      | ment<br>ment<br>suty Line<br>12 fiet |
|-------------------|--------------------------------------|
| W L               | Paver<br>Proposis                    |
| 130 B<br>100 to t |                                      |
| > ~ ~<br>3        | +334EX                               |

# Acity of Albuquerque



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Supplemental for                                                               | orm                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| SUBDIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S Z                                                                            | ZONING & PLANNING                                                                                                     |
| Major Subdivision action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | Annexation                                                                                                            |
| Minor Subdivision action 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                | County Submittal                                                                                                      |
| Vacation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | V                                                                              | EPC Submittal                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ¥                                                                              | Zone Map Amendment (Establish or Change                                                                               |
| Variance (Non-Zoning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                | Zoning)                                                                                                               |
| SITE DEVELOPMENT PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ď                                                                              | Sector Plan (Phase I, II, III)                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i i                                                                            | Amendment to Sector, Area, Facility or                                                                                |
| for Subdivision Purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | Comprehensive Plan                                                                                                    |
| for Building Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | Text Amendment (Zoning Code/Sub Regs)                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | Street Name Change (Local & Collector)                                                                                |
| IP Master Development Plan .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ı. A                                                                           | APPEAL / PROTEST of                                                                                                   |
| Cert. of Appropriateness (LUCC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L A                                                                            | Decision by: DRB, EPC, LUCC, Planning Director or Staff,                                                              |
| STORM DRAINAGE  Storm Drainage Cost Allocation Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | ZHE, Zoning Board of Appeals                                                                                          |
| PRINT OR TYPE IN BLACK INK ONLY. The applican                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Street NW, Albuq                                                               | ibmit the completed application in person to the Planning uerque, NM 87102. Fees must be paid at the time of          |
| NAME: Mauro P. 101E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5                                                                              | PHONE: 505-514 -1899                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | PHONE: Joseph John John John John John John John Joh                                                                  |
| ADDRESS: 2431 72000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RC /                                                                           | / W FAX:                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TATE //// ZIP_                                                                 | 07107 ENAME                                                                                                           |
| CITY: 11 1090 - 900 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                                              |                                                                                                                       |
| Proprietary interest in site:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | List all owner                                                                 | s: mauro, Zvanaling TorrES                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | PHONE: 505-514-1899                                                                                                   |
| AGENT (if any): ant5 1015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <i></i>                                                                        | PHONE: 505-77                                                                                                         |
| ADDRESS: 2431 TEOCO 10 R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | c/ Mu)                                                                         | FAX:                                                                                                                  |
| ADDRESS. A TI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A 1 . a a                                                                      |                                                                                                                       |
| CITY: Albuquergue s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TATE #11/19/ ZIP_                                                              | 8/10/ E-MAIL:                                                                                                         |
| DESCRIPTION OF REQUEST: 5Katen Plat +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | h Clare                                                                        | 21/14c in 1/2 1/45                                                                                                    |
| DESCRIPTION OF REGUEST: SKOTCH FIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Na ruge                                                                        |                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · Or                                                                           | 4 Lots                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Color Davidana                                                               | Dan amana 7 Mag                                                                                                       |
| Is the applicant seeking incentives pursuant to the Family H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ousing Development                                                             | Program? res No.                                                                                                      |
| SITE INFORMATION: ACCURACY OF THE LEGAL DESCRIPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ION IS CRUCIALL A                                                              | TTACH A SEPARATE SHEET IF NECESSARY.                                                                                  |
| SHE INFORMATION. MOCOLAGI OF THE REGAL DECOLAR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 010000000000000000000000000000000000000                                        | - 12                                                                                                                  |
| Lot or Tract No. <u>Lot 130 B-1</u> , 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 015-2,1300                                                                     | Unit:                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 107F                                                                           | Tract 130 mRGCD amENEC 19931                                                                                          |
| Subdiv. / Addn. <u>52C+ion 31, 11/1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | / / / /                                                                        | THE DUNIENT OF THE                                                                                                    |
| Current Zoning: RA-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Proposed                                                                       | zoning:                                                                                                               |
| Current Zonning. 17 1 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                                                                                       |
| Zone Atlas page(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No. of exist                                                                   | sting lots: No. of proposed lots:                                                                                     |
| Total area of site (acres): 0.8460 Density if applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | hlar dwallinge nar g                                                           | ross acre: dwellings per net acre:                                                                                    |
| Total area of site (acres): VI O 7/00 Density if applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | inie. aweiinigs per g                                                          | diffiningo por not dolor                                                                                              |
| Within city limits? Yes. No, but site is within 5 miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of the city limits.)                                                           | Within 1000FT of a landfill?                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 70210                                                                          | MDCCD Man No                                                                                                          |
| UPC No. [0]3661030140.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                | MRGCD Map No.                                                                                                         |
| LOCATION OF PROPERTY BY STREETS: On or Near:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TENDOON                                                                        | DRA RIO 6 rande Block.                                                                                                |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                                                                                                       |
| Between: ELEGO NV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _                                                                              |                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and                                                                            |                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                              |                                                                                                                       |
| CASE HISTORY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and                                                                            |                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and                                                                            |                                                                                                                       |
| CASE HISTORY: List any current or prior case number that may be relevant to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | o your application (Pr                                                         | oj., App., DRB-, AX_,Z_, V_, S_, etc.):                                                                               |
| CASE HISTORY: List any current or prior case number that may be relevant to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | o your application (Pr                                                         | oj., App., DRB-, AX_,Z_, V_, S_, etc.):                                                                               |
| CASE HISTORY:  List any current or prior case number that may be relevant to the check-off if project was previously reviewed by Sketch Plat/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | o your application (Pr                                                         | oj., App., DRB-, AX_,Z_, V_, S_, etc.):  ation Review Team?. Date of review:                                          |
| CASE HISTORY:  List any current or prior case number that may be relevant to Check-off if project was previously reviewed by Sketch Plat/SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | o your application (Pr                                                         | oj., App., DRB-, AX_,Z_, V_, S_, etc.):                                                                               |
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| CASE HISTORY:  List any current or prior case number that may be relevant to Check-off if project was previously reviewed by Sketch Plat/SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | o your application (Pr                                                         | oj., App., DRB-, AX_,Z_, V_, S_, etc.):  ation Review Team?. Date of review:  DATE Applicant Agent                    |
| CASE HISTORY:  List any current or prior case number that may be relevant to Check-off if project was previously reviewed by Sketch Plat/SIGNATURE  (Print)  (Print)  (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | o your application (Pr                                                         | oj., App., DRB-, AX_,Z_, V_, S_, etc.):  ation Review Team?. Date of review:  DATE                                    |
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| CASE HISTORY:  List any current or prior case number that may be relevant to Check-off if project was previously reviewed by Sketch Plat/SIGNATURE  (Print)  POR OFFICIAL USE ONLY  Application call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | o your application (Proposed Plan?, or Pre-application)                        | oj., App., DRB-, AX_,Z_, V_, S_, etc.):  ation Review Team?. Date of review:                                          |
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| CASE HISTORY:  List any current or prior case number that may be relevant to Check-off if project was previously reviewed by Sketch Plat/SIGNATURE  (Print)  Application case number that may be relevant to the control of the control | ando your application (Proposed Plan?, or Pre-application)  See numbers  -0.21 | oj., App., DRB-, AX_,Z_, V_, S_, etc.):                                                                               |
| CASE HISTORY:  List any current or prior case number that may be relevant to Check-off if project was previously reviewed by Sketch Plat/SIGNATURE  (Print)  INTERNAL ROUTING  All checklists are complete  All fees have been collected  All case #s are assigned  AGIS copy has been sent  Case history #s are listed  Site is within 1000ft of a landfill  Fig. 2. H.D.P. density horrs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ando your application (Proposed Plan?, or Pre-application)  See numbers  -0.21 | oj., App., DRB-, AX_Z_, V_, S_, etc.):                                                                                |
| CASE HISTORY:  List any current or prior case number that may be relevant to Check-off if project was previously reviewed by Sketch Plat/SIGNATURE  (Print)  INTERNAL ROUTING  All checklists are complete  All fees have been collected  All case #s are assigned  AGIS copy has been sent  Case history #s are listed  Site is within 1000ft of a landfill  F.H.D.P. density bonus  F.H.D.P. fee rebate  Hearing date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ando your application (Proposed Plan?, or Pre-application)  See numbers  -0121 | ation Review Team?. Date of review:  DATE &                                                                           |
| CASE HISTORY:  List any current or prior case number that may be relevant to Check-off if project was previously reviewed by Sketch Plat/SIGNATURE  (Print)  INTERNAL ROUTING  All checklists are complete  All fees have been collected  All case #s are assigned  AGIS copy has been sent  Case history #s are listed  Site is within 1000ft of a landfill  F.H.D.P. density bonus  F.H.D.P. fee rebate  Hearing date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ando your application (Proposed Plan?, or Pre-application)  See numbers  -0121 | oj., App., DRB-, AX_,Z_, V_, S_, etc.):                                                                               |
| CASE HISTORY: List any current or prior case number that may be relevant to Check-off if project was previously reviewed by Sketch Plat/SIGNATURE  (Print)  INTERNAL ROUTING  All checklists are complete  All fees have been collected  All case #s are assigned  AGIS copy has been sent  Case history #s are listed  Site is within 1000ft of a landfill  The EHD P. density bonus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ando your application (Proposed Plan?, or Pre-application)  See numbers  -0121 | oj., App., DRB-, AX_Z_, V_, S_, etc.):  ation Review Team?. Date of review:  DATE                                     |

#### FORM S(3): SUBDIVISION - D.R.B. MEETING (UNADVERTISED) OR INTERNAL ROUTING YOUR ATTENDANCE IS REQUIRED. SKETCH PLAT REVIEW AND COMMENT Scale drawing of the proposed subdivision plat (folded to fit into an 8.5" by 14" pocket) 6 copies for unadvertised meetings. Sketches are not reviewed through internal routing. Site sketch with measurements showing structures, parking, Bldg. setbacks, adjacent rights-of-way and street improvements, etcetera, if there is any existing land use (folded to fit into an 8.5" by 14" pocket) 6 copies. Zone Atlas map with the entire property(ies) precisely and clearly outlined and crosshatched (to be photocopied) Letter briefly describing, explaining, and justifying the request Any original and/or related file numbers are listed on the cover application MAJOR SUBDIVISION EXTENSION OF PRELIMINARY PLAT Your attendance is required. Preliminary Plat reduced to 8.5" x 11" Zone Atlas map with the entire property(ies) precisely and clearly outlined and crosshatched (to be photocopied) Letter briefly describing, explaining, and justifying the request Copy of previous D.R.B. approved infrastructure list Copy of the LATEST Official D.R.B. Notice of approval for Preliminary Plat Extension request Any original and/or related file numbers are listed on the cover application Extensions are not reviewed through internal routing. Extension of preliminary plat approval expires after one year. MAJOR SUBDIVISION FINAL PLAT APPROVAL Your attendance is required. Proposed Final Plat (folded to fit into an 8.5" by 14" pocket) 6 copies for unadvertised meetings Design elevations & cross sections of perimeter walls 3 copies Zone Atlas map with the entire property(ies) precisely and clearly outlined and crosshatched (to be photocopied) \_\_ Original Mylar drawing of the proposed plat for internal routing only. Otherwise, bring Mylar to meeting. Property owner's and City Surveyor's signatures on the Mylar drawing \_\_\_ Copy of recorded SIA \_\_\_ Landfill disclosure and EHD signature line on the Mylar drawing if property is within a landfill buffer Any original and/or related file numbers are listed on the cover application DXF FILE AND HARD COPY OF FINAL PLAT DATA FOR AGIS IS REQUIRED. MINOR SUBDIVISION PRELIMINARY / FINAL PLAT APPROVAL Your attendance is required. Proposed Preliminary / Final Plat (folded to fit into an 8.5" by 14" pocket) 6 copies for unadvertised meetings, 4 copies for internal routing. Site sketch with measurements showing structures, parking, Bldg. setbacks, adjacent rights-of-way and street improvements, etcetera, if there is any existing land use (folded to fit into an 8.5" by 14" pocket) 6 copies. Zone Atlas map with the entire property(ies) precisely and clearly outlined and crosshatched (to be photocopied) Letter briefly describing, explaining, and justifying the request Original Mylar drawing of the proposed plat for internal routing only. Otherwise, bring Mylar to meeting. Property owner's and City Surveyor's signatures on the Mylar drawing Landfill disclosure and EHD signature line on the Mylar drawing if property is within a landfill buffer Fee (see schedule) Any original and/or related file numbers are listed on the cover application Infrastructure list if required (verify with DRB Engineer) NO INTERNAL ROUTING DXF FILE AND HARD COPY OF FINAL PLAT DATA FOR AGIS IS REQUIRED. AMENDMENT TO PRELIMINARY PLAT (with minor changes) Your attendance is required. AMENDMENT TO INFRASTRUCTURE LIST (with minor changes) AMENDMENT TO GRADING PLAN (with minor changes) PLEASE NOTE: There are no clear distinctions between significant and minor changes with regard to subdivision amendments. Significant changes are those deemed by the DRB to require public notice and public hearing. Proposed Amended Preliminary Plat, Infrastructure List, and/or Grading Plan (folded to fit into an 8.5" by 14" pocket) 6 copies for unadvertised meetings. Original Preliminary Plat, Infrastructure List, and/or Grading Plan (folded to fit into an 8.5" by 14" pocket) 6 copies for unadvertised meetings Zone Atlas map with the entire property(ies) precisely and clearly outlined and crosshatched (to be photocopied) Letter briefly describing, explaining, and justifying the request Original Mylar drawing of the proposed amended plat for internal routing only. Otherwise, bring Mylar to meeting. Property owner's and City Surveyor's signatures on the Mylar drawing, if the plat is being amended Any original and/or related file numbers are listed on the cover application Amended preliminary plat approval expires after one year I, the applicant, acknowledge that any information required but not submitted with this application will Applicant name (print) likely result in deferral of actions. NEW MEXICO Applicant signature / date Form revised 8/04, 1/05 & 10/05 Application case numbers Checklists complete Fees collected Planner signature / date Case #s assigned Project #

Related #s listed

City of Albuquerque
Development Review Board
600 2<sup>nd</sup> Street N.W.
Albuquerque, NM 87102

The purpose of this request (Plat) is to combine the three existing lots of Tract 130 M.R.G.C.D. Map #31 identified, as lot Nos. 130-B1, 130-B2 and 130-C1 into two lots identified as lot 130-B1A and lot 130-C1A.

The three existing lots were recorded at the assessor's office only by split request. This replat is to remove said split request and update previous general description surveys for future development.

Thank You

Mauro P. Torres

2431 Teodoro Rd. NW

Albuquerque, NM 87107

Mawo P Town

