

!!!Notice to Applicants!!!

SUGGESTED INFORMATION FOR NEIGHBORHOOD NOTIFICATION LETTERS

Applicants for Zone Change, Site Plan, Sector Development Plan approval or an amendment to a Sector Development Plan by the EPC, DRB, etc. are required under Council Bill O-92 to notify all affected neighborhood and/or homeowner associations **PRIOR TO FILING THE APPLICATION TO THE PLANNING DEPARTMENT**. Because the purpose of the notification is to ensure communication as a means of identifying and resolving problems early, it is essential that the notification be fully informative.

WE RECOMMEND THAT THE NOTIFICATION LETTER INCLUDE THE FOLLOWING INFORMATION:

1. The street address of the subject property.
2. The legal description of the property, including lot or tract number (if any), block number (if any), and name of the subdivision.
3. A physical description of the location, referenced to streets and existing land uses.
4. A complete description of the actions requested of the EPC:
 - a) If a **ZONE CHANGE OR ANNEXATION**, the name of the existing zone category and primary uses and the name of the proposed category and primary uses (i.e., "from the R-T Townhouse zone, to the C-2 Community Commercial zone").
 - b) If a **SITE DEVELOPMENT OR MASTER DEVELOPMENT PLAN** approval or amendment describes the physical nature of the proposal (i.e., "an amendment to the approved plan to allow a drive-through restaurant to be located just east of the main shopping center entrance off Montgomery Blvd.").
 - c) If a **SECTOR DEVELOPMENT PLAN OR PLAN AMENDMENT** a general description of the plan area, plan concept, the mix of zoning and land use categories proposed and description of major features such as location of significant shopping centers, employment centers, parks and other public facilities.
 - d) The name, address and telephone number of the applicant and of the agent (if any). In particular the name of an individual contact person will be helpful so that neighborhood associations may contact someone with questions or comments.

Information from the Office of Neighborhood Coordination

The following information should always be in each application packet that you submit for an EPC or DRB application. Listed below is a "Checklist" of the items needed.

- ONC's "Official" Letter to the applicant (if there are associations). A copy must be submitted with application packet -OR-**
- The ONC "Official" Letter (if there are no associations). A copy must be submitted with application packet.
- Copies of Letters to Neighborhood and/or Homeowners Associations (if there are associations). A copy must be submitted with application packet.**
- Copies of the certified receipts to Neighborhood and/or Homeowners Associations (if there are associations). A copy must be submitted with application packet.**

Just a reminder - Our ONC "Official" Letter is only valid for a one (1) month period and if you haven't submitted your application by this date, you will need to get an updated letter from our office.

Any questions, please feel free to contact Vicente at 924-3902 or via an e-mail message at vquevedo@cabq.gov.

Thank you for your cooperation on this matter.

(below this line for ONC use only)

Date of Inquiry: 12/15/16 Time Entered: 4:15 p.m. Rep. Initials: VMQ



City of Albuquerque

P.O. Box 1293, Albuquerque, NM 87103

PLEASE NOTE: The NA/HOA information listed in this letter is valid for one (1) month. If you haven't filed your application within one (1) month of the date of this letter - you will need to get an updated letter from our office.

December 15, 2016

Elizabeth Hill
Littlejohn
1935 21st Ave South
Nashville, TN 37212
Phone: 615-324-3973
E-mail: ehill@smeinc.com

Dear Elizabeth:

Thank you for your inquiry of **December 15, 2016** requesting the names of **ALL Neighborhood and/or Homeowner Associations** who would be affected under the provisions of §14-8-2-7 of the *Neighborhood Association Recognition Ordinance* by your proposed project at **(DRB SUBMITTAL) TR C-44B OF SUMMARY PLAT OF TRS C-44A & C-44B UNIT 4 TRS ALLOTTED FROM TOWN OF ATRISCO GRANT LOCATED ON CENTRAL AVE NW BETWEEN VOLCANO RD AND UNSER BLVD** zone map K-10.

Our records indicate that the **Neighborhood and/or Homeowner Associations** affected by this submittal and the contact names are as follows:

AVALON N.A. (AVA) "R"

***Lucy Anchondo** e-mail: avalon3a@yahoo.com
601 Stern Dr. NW/87121 839-6601 (h)
Billy DeHerrera e-mail: billyjd@icloud.com
651 Stern Dr. NW/87121 903-9139 (h)

Please note that according to §14-8-2-7 of the *Neighborhood Association Recognition Ordinance* you are required to notify each of these contact persons by **certified mail, return receipt requested, before** the Planning Department will accept your application filing (**PLEASE ATTACH: 1) Copy of this letter; 2) Copy of letters sent to NA/HOA's and 3) Copy of White Receipts showing proof that you sent certified mail w/stamp from USPS showing date.**) If you have any questions about the information provided please contact me at (505) 924-3902 or via an e-mail message at vquevedo@cabq.gov.

Sincerely,

Vicente M. Zuevedo

Vicente M. Quevedo

Neighborhood Liaison

OFFICE OF NEIGHBORHOOD COORDINATION

Planning Department

**LETTERS MUST BE SENT TO
BOTH CONTACTS OF EACH
NA/HOA FOR THIS
PLANNING SUBMITTAL.**



Littlejohn
An S&ME Company

December 16, 2016

Neighbor to Property located at

**RE: Dialysis Clinic Incorporated (DCI)
New Clinic Proposed at 8121 Central Ave. NW
Design Review Board Site Development Plan Approval**

Dear Neighbor,

You are receiving this notice to make you aware of the above referenced project and our submittal to the Design Review Board for Site Development Plan Approval. Littlejohn Engineering Associates is representing Dialysis Clinic Incorporated with this submittal and their plan to construct a 9, 625 SF clinic on 2.03 Acres located at 8121 Central Ave. NW. The clinic will have 19 patient stations and provide 34 parking spaces. We work on many projects with DCI and typically their clinics do not generate much traffic because the patients stay at the clinic much longer than your typical doctor's office. They generally run two shifts of patients with one starting early morning and the other just before lunch. The treatment typically takes several hours. The patients usually arrive to the clinic by a shuttle or dropped off by a friend or family member. The clinic will employ approximately seven staff members.

We are submitting for review at the January 11th Design Review Board meeting. The owner hopes to start construction as soon as all approvals and permits are obtained.

We have attached a reduce copy of our plan for your review and would welcome the opportunity to respond to any questions you have regarding our project. You can contact me at 615-385-4144 or email me at ppiercy@smeinc.com.

Sincerely,

LITTLEJOHN ENGINEERING ASSOCIATES, INC.

A handwritten signature in blue ink, appearing to read "D. Phillip Piercy".

D. Phillip Piercy, PE
Project Manager




Littlejohn

An S&ME Company

Lucy Anchondo
 601 Stern Drive
 Albuquerque, NM 87121

1935 21ST AVENUE SOUTH, NASHVILLE, TENNESSEE 37212

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>Lucy anchondo 601 Stern DR. NW albuquerque, NM 87121</i></p>  <p>9590 9402 1943 6123 2886 78</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p>7016 0600 0000 5340 0073</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <p><input type="checkbox"/> Restricted Delivery</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (<i>check box, add fees appropriate</i>)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ <i>46.05</i> <input type="checkbox"/> Return Receipt (electronic) \$ <i>3.30</i> <input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$ <i>2.70</i> <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ <i>6.45</i> <p>Postage \$</p> <p>Total Postage and Fees \$ <i>6.45</i></p>	<p>Postmark Here</p>
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Sent To *Lucy anchondo*

Street and Apt. No. or PO Box No. *601 Stern DR. NW*

City, State ZIP+4® *albuquerque, NM 87121*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7016 0600 0000 5340 0073

7016 0600 0000 5340 0073

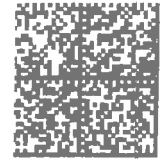


7016 0600 0000 5340 0073

Littlejohn An S&ME Company

Lucy Anchondo
601 Stern Drive
Albuquerque, NM 87121

1935 21ST AVENUE SOUTH, NASHVILLE, TENNESSEE 37212



PITNEY BOWES
\$ 006.940
02 1P
0001863346 DEC 16 2016
MAILED FROM ZIP CODE 37212

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Luz Anchondo
601 Stern Dr. NW
Albuquerque, NM 87121



9590 9402 1943 6123 2886 78

2. Article Number (Transfer from service label)

7016 0600 0000 5340 0073

PS Form 3811, July 2015 PSN 7530-02-000-9063

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
if YES, enter delivery address below:

3. Service Type
- Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Restricted Delivery

Domestic Return Receipt




Littlejohn

An S&ME Company

Billy DeHerrer
 651 Stern Drive
 Albuquerque, NM 87121

1935 21ST AVENUE SOUTH, NASHVILLE, TENNESSEE 37212

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>														
<p>1. Article Addressed to:</p> <p><i>Billy DeHerrer 651 Stern Drive Albuquerque, NM 87121</i></p>  <p>9590 9402 1943 6123 2875 58</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>2. Article Number (Transfer from service label)</p> <p>7012 1640 0001 5465 7399</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table> <p><input type="checkbox"/> Restricted Delivery</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail	
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Domestic Return Receipt

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CERTIFIED MAIL™



7012 1640 0001 5465 7399
 7012 1640 0001 5465 7399

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ <i>46.5</i>
Certified Fee	<i>3.30</i>
Return Receipt Fee (Endorsement Required)	<i>2.70</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>64.5</i>
<p>Sent To <i>Billy DeHerrer</i></p> <p>Street, Apt. No. or PO Box No. <i>651 Stern Dr.</i></p> <p>City, State, ZIP+4 <i>Albuquerque NM 87121</i></p>	



3640 0001 5465 7399



02 1P
0001863346 DEC 16 2016
MAILED FROM ZIP CODE 37212

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An S&ME Company

Billy DeHerrer
651 Stern Drive
Albuquerque, NM 87121

1935 21ST AVENUE SOUTH, NASHVILLE, TENNESSEE 37212

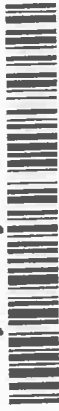
17018 F1110 01/10/04 PRINTED ON RECYCLED PAPER

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651 Stern Drive
Albuquerque, NM 87121



9590 9402 1943 6123 2875 58

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A. Signature

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery (Inland Mail)
 - Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt