City of Albuquerque

DEVELOPMENT/ PLAN REVIEW APPLICATION
Updated 4/16/15

Supplemental Form (SF)

	S	Z	

SUBDIVISION
____ Major subdivision action
____ Minor subdivision action
____ Vacation   **V**
____ Variance (Non-Zoning)

SITE DEVELOPMENT PLAN   **P**
____ for Subdivision
✓ for Building Permit
____ Administrative Amendment **(AA)**
____ Administrative Approval (DRT, URT, etc.)
____ IP Master Development Plan   **D**
____ Cert. of Appropriateness (LUCC)

                       L   A

STORM DRAINAGE (Form D)
____ Storm Drainage Cost Allocation Plan

ZONING & PLANNING
____ Annexation

____ Zone Map Amendment (Establish or Change Zoning, includes Zoning within Sector Development Plans)
____ Adoption of Rank 2 or 3 Plan or similar
____ Text Amendment to Adopted Rank 1, 2 or 3 Plan(s), Zoning Code, or Subd. Regulations

____ Street Name Change (Local & Collector)

APPEAL / PROTEST of...
____ Decision by: DRB, EPC, LUCC, Planning Director, ZEO, ZHE, Board of Appeals, other

PRINT OR TYPE IN BLACK INK ONLY. The applicant or agent must submit the completed application in person to the Planning Department Development Services Center, 600 2nd Street NW, Albuquerque, NM 87102.
Fees must be paid at the time of application. Refer to supplemental forms for submittal requirements.

APPLICATION INFORMATION:

Professional/Agent (if any): Littlejohn   PHONE: 615-385-4144
ADDRESS: 1935 21St Ave South   FAX: 615-385-4020
CITY: Nashville   STATE TN   ZIP 37212   E-MAIL: ehill@smeinc.com
APPLICANT: Dialysis Clinic, Inc.   PHONE: 615-327-3061
ADDRESS: 1633 Church St., Suite 500   FAX:
CITY: Nashville   STATE TN   ZIP 37203   E-MAIL: eattrill@dciinc-org
Proprietary interest in site: ____ List **all** owners: Dialysic Clinic Inc.
DESCRIPTION OF REQUEST: Site Development Plan for Building Permit to build a 9,625 sf Dialysis Clinic with parking lot.
Is the applicant seeking incentives pursuant to the Family Housing Development Program? ___ Yes. ✓ No.

SITE INFORMATION: ACCURACY OF THE EXISTING LEGAL DESCRIPTION IS CRUCIAL! ATTACH A SEPARATE SHEET IF NECESSARY.

Lot or Tract No. B-1   Block: ~~O~~   Unit:
Subdiv/Addn/TBKA: Lands of Stewart within Town of Atrisco Sect. 22, TWP 10 N, Range 2 E
Existing Zoning: SU-2   Proposed zoning: NA   MRGCD Map No
Zone Atlas page(s): K-10-Z   UPC Code: 101 0057 0342 0431315

CASE HISTORY:

List **any** current or prior case number that may be relevant to your application (Proj., App., DRB-, AX_,Z_, V_, S_, etc.): ____
T2016 92131, app # 16-70125

CASE INFORMATION:

Within city limits? ✓ Yes   Within 1000FT of a landfill? No

No. of **existing** lots: ____ 1 ____ No. of **proposed** lots: ~~O~~   Total site area (acres): 2·03 AC.

LOCATION OF PROPERTY BY STREETS: On or Near: Central Ave NW
Between: Volcano Rd NW   and Unser Blvd NW

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

SIGNATURE _Elizabeth Hill_   DATE 12/16/16
(Print Name) Elizabeth Hill   Applicant: ☐ Agent: ☑

FOR OFFICIAL USE ONLY   **Revised: 11/2014**

		Application case numbers	Action	S.F.	Fees
☐	**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				Total
☐	F.H.D.P. fee rebate	**Hearing date** ____			$____

Project # ____

Staff signature & Date