



Supplemental Form (SF)

SUBDIVISION	S	Z	ZONING & PLANNING
<input checked="" type="checkbox"/> Major subdivision action			<input type="checkbox"/> Annexation
<input checked="" type="checkbox"/> Minor subdivision action <i>sketch</i>			<input type="checkbox"/> Zone Map Amendment (Establish or Change Zoning, includes Zoning within Sector Development Plans)
<input type="checkbox"/> Vacation	V		<input type="checkbox"/> Adoption of Rank 2 or 3 Plan or similar
<input type="checkbox"/> Variance (Non-Zoning)			<input type="checkbox"/> Text Amendment to Adopted Rank 1, 2 or 3 Plan(s), Zoning Code, or Subd. Regulations
SITE DEVELOPMENT PLAN	P		
<input type="checkbox"/> for Subdivision			
<input type="checkbox"/> for Building Permit			
<input type="checkbox"/> Administrative Amendment (AA)			
<input type="checkbox"/> Administrative Approval (DRT, URT, etc.)			
<input type="checkbox"/> IP Master Development Plan	D		<input type="checkbox"/> Street Name Change (Local & Collector)
<input type="checkbox"/> Cert. of Appropriateness (LUCC)			
STORM DRAINAGE (Form D)	L	A	APPEAL / PROTEST of...
<input type="checkbox"/> Storm Drainage Cost Allocation Plan			<input type="checkbox"/> 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): _____ PHONE: _____
 ADDRESS: _____ FAX: _____
 CITY: _____ STATE _____ ZIP _____ E-MAIL: _____
 APPLICANT: Ed Paschich PHONE: _____
 ADDRESS: 1512 Summer Ave. N.W. FAX: _____
 CITY: ABQ STATE: N.M. ZIP: 87104 E-MAIL: Edwardp@swcnp.com
 Proprietary interest in site: Contract Purchaser List all owners: Rosalie M. Montoya, Eric D. Luna

DESCRIPTION OF REQUEST: Sketch plan Review 4 Lot Sub.

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: Lot 9 & 10 Summer Gardens Addn Block: _____ Unit: _____
 Subdiv/Addn/TBKA: Summer Gardens Addn
 Existing Zoning: S-R Proposed zoning: _____ MRGCD Map No _____
 Zone Atlas page(s): J-13 UPC Code: 101305835338712019
101305835838612020

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

CASE INFORMATION:

Within city limits? Yes Within 1000FT of a landfill? _____
 No. of existing lots: 4 No. of proposed lots: 4 Total site area (acres): 3.87
 LOCATION OF PROPERTY BY STREETS: On or Near: 15th & Mountain (Explora)
 Between: _____ and _____
 Check if project was previously reviewed by Sketch Plan/Plan or Pre-application Review Team(PRT) Review Date: 5-9-17

SIGNATURE: [Signature] DATE: _____
 (Print Name) _____ Applicant: Agent:

FOR OFFICIAL USE ONLY

<input type="checkbox"/> INTERNAL ROUTING	Application case numbers	Action	S.F.	Fees
<input type="checkbox"/> All checklists are complete	_____	_____	_____	\$ _____
<input type="checkbox"/> All fees have been collected	_____	_____	_____	\$ _____
<input type="checkbox"/> All case #s are assigned	_____	_____	_____	\$ _____
<input type="checkbox"/> AGIS copy has been sent	_____	_____	_____	\$ _____
<input type="checkbox"/> Case history #s are listed	_____	_____	_____	\$ _____
<input type="checkbox"/> Site is within 1000ft of a landfill	_____	_____	_____	\$ _____
<input type="checkbox"/> F.H.D.P. density bonus				Total
<input type="checkbox"/> F.H.D.P. fee rebate				\$ _____
	Hearing date	_____		

Revised: 11/2014

Staff signature & Date _____ Project # _____