



**Supplemental Form (SF)**

**SUBDIVISION**

- \_\_\_ Major subdivision action
- \_\_\_ Minor subdivision action
- \_\_\_ Vacation
- \_\_\_ Variance (Non-Zoning)

**SITE DEVELOPMENT PLAN**

- \_\_\_ for Subdivision
- \_\_\_ for Building Permit
- \_\_\_ Administrative Amendment (AA)
- \_\_\_ Administrative Approval (DRT, URT, etc.)
- \_\_\_ IP Master Development Plan
- \_\_\_ Cert. of Appropriateness (LUCC)

**STORM DRAINAGE (Form D)**

- \_\_\_ Storm Drainage Cost Allocation Plan

**S Z ZONING & PLANNING**

- \_\_\_ Annexation
- V** \_\_\_ Zone Map Amendment (Establish or Change Zoning, includes Zoning within Sector Development Plans)
- P** \_\_\_ 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

**D** \_\_\_ Street Name Change (Local & Collector)

**L A 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 2<sup>nd</sup> Street NW, Albuquerque, NM 87102.

Fees must be paid at the time of application. Refer to supplemental forms for submittal requirements.

PDF copy of the completed application along with all the plans and documents being submitted must be emailed to (PLNDRS@cabq.gov) prior to processing this application. **(Zipped files and files over 9 Megabytes will not get delivered via email, Therefore, PDF files must be provided on a CD)**

**APPLICATION INFORMATION:**

Professional/Agent (if any): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Proprietary interest in site: \_\_\_\_\_ List all owners: \_\_\_\_\_

DESCRIPTION OF REQUEST: \_\_\_\_\_

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. \_\_\_\_\_ Block: \_\_\_\_\_ Unit: \_\_\_\_\_

Subdiv/Addn/TBKA: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed zoning: \_\_\_\_\_ MRGCD Map No \_\_\_\_\_

Zone Atlas page(s): \_\_\_\_\_ UPC Code: \_\_\_\_\_

**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: \_\_\_\_\_ No. of **proposed** lots: \_\_\_\_\_ Total site area (acres): \_\_\_\_\_

LOCATION OF PROPERTY BY STREETS: On or Near: \_\_\_\_\_

Between: \_\_\_\_\_ and \_\_\_\_\_

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

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 _____			

**Project #** \_\_\_\_\_

Staff signature & Date \_\_\_\_\_