$A^{\rm City\,of}_{lbuquerque}$



DEVELOPMENT REVIEW APPLICATION

Effective 4/17/19

Please check the appropriate box and refer to supplemental forms for submittal requirements. All fees must be paid at the time of application.								
Administrative Decisions	Decisi	Decisions Requiring a Public Meeting or Hearing		Policy Decisions				
□ Archaeological Certificate (Form P3)		□ Site Plan – EPC including any Variances – EPC (<i>Form P1</i>)			□ Adoption or Amendment of Comprehensive Plan or Facility Plan (<i>Form Z</i>)			
□ Historic Certificate of Appropriateness – Mine (Form L)	or 🗆 Mas	Master Development Plan (Form P1)			□ Adoption or Amendment of Historic Designation (<i>Form L</i>)			
□ Alternative Signage Plan (Form P3)		□ Historic Certificate of Appropriateness – Major (Form L)			□ Amendment of IDO Text (Form Z)			
Minor Amendment to Site Plan (Form P3)	🗆 Den	Demolition Outside of HPO (Form L)			\Box Annexation of Land (Form Z)			
□ WTF Approval (Form W1)	□ Hist	□ Historic Design Standards and Guidelines (Form L)			□ Amendment to Zoning Map – EPC (Form Z)			
		Wireless Telecommunications Facility Waiver (Form W2)			□ Amendment to Zoning Map – Council (Form Z)			
				Appeals				
				□ Dec <i>A)</i>	ision by EPC, LC, ZHE	, or City Staff (Form		
Applicant: LEAH SMITH Phone: 817-302-2563								
Address: 1300 SUMMIT AVENUE				Email: LSMITH @CORE-STATES.COM		STATES.COM		
City: FORT WORT			State: TX	Zip: 76102				
Professional/Agent (if any):CORE STATES GROUP Phone: 817-302-2563								
Address: 1300 SUMMIT AVENUE					Email:			
City: FORT WORT			State: TX	Zip: 76102				
Proprietary Interest in Site:			List <u>all</u> owners:	owners:				
BRIEF DESCRIPTION OF REQUEST								
REMODEL THAT CONSIST OF REPLACE/REPAIR OF ANY DAMAGED MATERIALS/OTEMS ALONG WITH CLEANING/ PAINTING THE BUILDING TO BRING UP TO WALMART STANDARDS.								
SITE INFORMATION (Accuracy of the existin	q legal des	scription is crucial!	Attach a separate sheet if	necessa	ry.)			
SITE INFORMATION (Accuracy of the existing legal description is crucial! Attach a separate sheet if necessary.) Lot or Tract No.: TRB-1A-1-A PLAT OF B-1A-1-A Block: Unit:								
Subdivision/Addition: TOWNEPAARK PLAZA			MRGCD Map No.: UPC Code: 102105708027830120		7830120			
Zone Atlas Page(s): K-21	Exi	sting Zoning: MX-L	·	Pro	Proposed Zoning: N/A			
# of Existing Lots: 1	# o	f Proposed Lots: 1		Total Area of Site (acres): 17.9414		17.9414		
LOCATION OF PROPERTY BY STREETS								
Site Address/Street: 400 EUBANK NE				and: COPPER AVE NE				
CASE HISTORY (List any current or prior project and case number(s) that may be relevant to your request.)								
PR-2018-001320								
Signature:	775/	XATAR			Date: 06/16/20			
Printed Name: LEAH SMITH				X Applicant or Agent				
FOR OFFICIAL USE ONLY								
	ction	Fees	Case Numbers		Action	Fees		
Meeting/Hearing Date:			1	Fee	e Total:			
Staff Signature:			Date:	Pro	Project #			

FORM P3: ADMINISTRATIVE DECISIONS AND MINOR AMENDMENTS

A single PDF file of the complete application including all plans and documents being submitted must be emailed to <u>PLNDRS@cabq.gov</u> prior to making a submittal. Zipped files or those over 9 MB cannot be delivered via email, in which case the PDF must be provided on a CD.

□ INFORMATION REQUIRED FOR ALL ADMINISTRATIVE DECISIONS OR AMENDMENTS

- X_ Letter of authorization from the property owner if application is submitted by an agent
- _X_ Zone Atlas map with the entire site clearly outlined and labeled

□ ARCHEOLOGICAL CERTIFICATE

- _ Archaeological Compliance Documentation Form with property information section completed
- Only the information above is required unless the City Archaeologist determines that the application does not qualify for a Certificate of No Effect, in which case a treatment plan prepared by a qualified archaeologist that adequately mitigates any archeological impacts of the proposed development must be submitted and reviewed for a Certificate of Approval per the criteria in IDO Section 14-16-6-5(A)(3)(b)

□ MINOR AMENDMENT TO SITE PLAN – ADMIN, EPC, or DRB

- _X_ Justification letter describing, explaining, and justifying the request per the criteria in IDO Section 14-16-6-4(X)(2)
- _X_ Three (3) copies of all applicable sheets of the approved Site Plan being amended, folded
- _X_ Copy of the Official Notice of Decision associated with the prior approval

X Three (3) copies of the proposed Site Plan, with changes circled and noted Refer to the Site Plan Checklist for information needed on the proposed Site Plan.

Minor Amendments must be within the thresholds established in IDO TABLE 6-4-5. Any amendment beyond these thresholds is considered a Major Amendment and must be processed through the original decision-making body for the request.

MINOR AMENDMENT TO SITE DEVELOPMENT PLAN APPROVED PRIOR TO THE EFFECTIVE DATE OF THE IDO

- ____ Justification letter describing, explaining, and justifying the request per the criteria in IDO Section 14-16-6-4(Y)(1)(a)
- ____ Three (3) copies of all applicable sheets of the approved Site Development Plan being amended, folded
- ___ Copy of the Official Notice of Decision associated with the prior approval
- ____ Three (3) copies of the proposed Site Development Plan, with changes circled and noted
- Refer to the Site Plan Checklist for information needed on the proposed Site Plan.

Minor Amendments must be within the thresholds established in IDO TABLE 6-4-5. Any amendment beyond these thresholds is considered a Major Amendment and must be processed through the original decision-making body for the request.

□ ALTERNATIVE SIGNAGE PLAN

- Proposed Alternative Signage Plan compliant with IDO Section 14-16-5-12(F)(5)
- Justification letter describing, explaining, and justifying the request per the criteria in IDO Section 14-16-6-5(F)(4)(c)
 Required notices with content per IDO Section 14-16-6-4(K)(6)
 - ___Office of Neighborhood Coordination notice inquiry response and proof of emailed notice to affected Neighborhood Association representatives
- ____ Sign Posting Agreement

I, the applicant or agent, acknowledge that if any required information is not submitted with this application, the application will not be
scheduled for a public meeting or hearing, if required, or otherwise processed until it is complete.

Signature:	Date: 06/16/20		
Printed Name: LEAH SMITH	χ Applicant or \Box Agent		
FOR OFFICIAL USE ONLY		•	
Project Number:	Case Numbers		
	-	A ST ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	
	-		
	_		
Staff Signature:		M EX Lind	
Date:		AAAAAA	