



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	<input type="checkbox"/> Historic Certificate of Appropriateness – Major (Form L)	<input type="checkbox"/> Wireless Telecommunications Facility Waiver (Form W2)
<input checked="" type="checkbox"/> Archaeological Certificate (Form P3)	<input type="checkbox"/> Historic Design Standards and Guidelines (Form L)	Policy Decisions
<input type="checkbox"/> Historic Certificate of Appropriateness – Minor (Form L)	<input type="checkbox"/> Master Development Plan (Form P1)	<input type="checkbox"/> Adoption or Amendment of Comprehensive Plan or Facility Plan (Form Z)
<input type="checkbox"/> Alternative Signage Plan (Form P3)	<input checked="" type="checkbox"/> Site Plan – EPC including any Variances – EPC (Form P1)	<input type="checkbox"/> Adoption or Amendment of Historic Designation (Form L)
<input type="checkbox"/> WTF Approval (Form W1)	<input type="checkbox"/> Site Plan – DRB (Form P2)	<input type="checkbox"/> Amendment of IDO Text (Form Z)
<input type="checkbox"/> Minor Amendment to Site Plan (Form P3)	<input type="checkbox"/> Subdivision of Land – Minor (Form S2)	<input type="checkbox"/> Annexation of Land (Form Z)
Decisions Requiring a Public Meeting or Hearing	<input type="checkbox"/> Subdivision of Land – Major (Form S1)	<input type="checkbox"/> Amendment to Zoning Map – EPC (Form Z)
<input type="checkbox"/> Conditional Use Approval (Form ZHE)	<input type="checkbox"/> Vacation of Easement or Right-of-way (Form V)	<input type="checkbox"/> Amendment to Zoning Map – Council (Form Z)
<input type="checkbox"/> Demolition Outside of HPO (Form L)	<input type="checkbox"/> Variance – DRB (Form V)	Appeals
<input type="checkbox"/> Expansion of Nonconforming Use or Structure (Form ZHE)	<input type="checkbox"/> Variance – ZHE (Form ZHE)	<input type="checkbox"/> Decision by EPC, LC, DRB, ZHE, or City Staff (Form A)

APPLICATION INFORMATION

Applicant: <u>Albuquerque Central Care Center</u>		Phone: <u>AGENT</u>
Address: <u>621 Columbia Dr. SE</u>		Email: <u>AGENT</u>
City: <u>Albuquerque</u>	State: <u>NM</u>	Zip: <u>87106</u>
Professional/Agent (if any): <u>LIVING DESIGNS GROUP ARCHITECTS LLC.</u>		Phone: <u>575.751.9481</u>
Address: <u>122A DOÑA LUZ STREET</u>		Email: <u>BCURRY@LDG-ARCH.COM</u>
City: <u>TAOS</u>	State: <u>NM</u>	Zip: <u>87571</u>
Proprietary Interest in Site:	List all owners: <u>SML - ABQ Assets, LLC</u>	

BRIEF DESCRIPTION OF REQUEST

Alteration of site plan, addition of a 7,500 SF. BUILDING FOR storage and operations for the Albuquerque Central care center. Demolition of an existing building on the same site.

SITE INFORMATION (Accuracy of the existing legal description is crucial! Attach a separate sheet if necessary.)

Lot or Tract No.: <u>TRACT B</u>	Block:	Unit:
Subdivision/Addition: <u>16-70393</u>	MRGCD Map No.:	UPC Code:
Zone Atlas Page(s): <u>L-16-Z</u>	Existing Zoning: <u>NR-SU</u>	Proposed Zoning: <u>NR-SU</u>
# of Existing Lots:	# of Proposed Lots:	Total Area of Site (acres): <u>39.0779</u>

LOCATION OF PROPERTY BY STREETS

Site Address/Street: 621 Columbia Dr. SE Between: Columbia Dr. SE and: YALE Blvd. SE

CASE HISTORY (List any current or prior project and case number(s) that may be relevant to your request.)

PROJECT # 1010286

Signature: <u>[Signature]</u>	Date: <u>5-8-19.</u>
Printed Name: <u>Douglas J Patterson</u>	<input type="checkbox"/> Applicant or <input checked="" type="checkbox"/> Agent

FOR OFFICIAL USE ONLY

Case Numbers	Action	Fees
-		
-		
-		
Meeting/Hearing Date:		Fee Total:
Staff Signature:	Date:	Project #

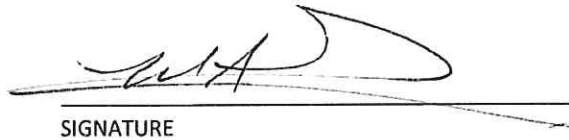
OWNER AFFIDAVIT

STATE OF NEW MEXICO

COUNTY OF TAOS

(I, WE) THE UNDERSIGNED, DEPOSE AND STATE THAT LIVING DESIGNS GROUP ARCHITECTS
(NAME OF APPLICANT, PLEASE PRINT)

IS ALLOWED TO PURSUE A DEVELOPMENT REVIEW APPLICATION WITH THE CITY OF ALBUQUERQUE ON MY
BEHALF.

A handwritten signature in black ink, appearing to be 'LDA', written over a horizontal line.

SIGNATURE

A handwritten date '05/09/2019' written over a horizontal line.

DATE



City of Albuquerque
P.O. Box 1293 Albuquerque, NM 87103
Planning Department
David S. Campbell, Director

Tim Keller, Mayor
Sarita Nair, CAO

DATE:

SUBJECT:

Case Number(s):

Agent:

Applicant:

Legal Description:

Zoning:

Acreage:

Zone Atlas Page(s):

CERTIFICATE OF NO EFFECT: Yes No

CERTIFICATE OF APPROVAL: Yes No

SUPPORTING DOCUMENTATION:

SITE VISIT:

RECOMMENDATIONS:

SUBMITTED BY:

SUBMITTED TO:

Date