City of Albuquerque

DEVELOPMENT REVIEW BOARD APPLICATION

Effective 3/01/2022

Please check the appropriate box(es) and refer to supplemental forms for submittal requirements. All fees must be paid at the time of application.

SUBDIVISIONS	☐ Final Sign off of EPC Site Plan(s) *(Forms P2)*	☐ Extension of IIA: Temp. Def. of S/W *(Form V2)*
☐ Major – Preliminary Plat *(Forms S & S1)*	☐ Amendment to Site Plan (Forms *P* & P2)	☐ Vacation of Public Right-of-way *(Form V)*
☐ Major – Bulk Land Plat *(Forms S & S1)*	**MISCELLANEOUS APPLICATIONS**	☐ Vacation of Public Easement(s) DRB *(Form V)*
☐ Extension of Preliminary Plat *(Form S1)*	☑ Extension of Infrastructure List or IIA *(Form S1)*	☐ Vacation of Private Easement(s) *(Form V)*
☐ Minor Amendment - Preliminary Plat *(Forms S & S2)*	☐ Minor Amendment to Infrastructure List (*Form S2*)	**PRE-APPLICATIONS**
☐ Minor - Final Plat *(Forms S & S2)*	☐ Temporary Deferral of S/W *(Form V2)*	☐ Sketch Plat Review and Comment *(Form S2)*
☐ Minor – Preliminary/Final Plat *(Forms S & S2)*	☐ Sidewalk Waiver *(Form V2)*	☐ Sketch Plan Review and Comment *(Form P2)*
SITE PLANS	☐ Waiver to IDO *(Form V2)*	**APPEAL**
☐ DRB Site Plan *(Forms P & P2)*	☐ Waiver to DPM *(Form V2)*	☐ Decision of DRB *(Form A)*

BRIEF DESCRIPTION OF REQUEST

EXTENSION TO COMPLETE DESIGN & CONSTRUCTION

APPLICATION INFORMATION		
Applicant/Owner: SCOTT BARLOW		Phone: 505-991-2467
Address: 6205 WILSHIRE NE		Email: JOSEPH@STARPAVING.COM
City: ALBUQUERQUE	State: NM	Zip: 87113
Professional/Agent (if any):		Phone:
Address:		Email:
City:	State:	Zip:
Proprietary Interest in Site:	List all owners:	

SITE INFORMATION (Accuracy of the existing legal description is crucial! Attach a separate sheet if necessary.)		
Lot or Tract No.:	Block:	Unit:
Subdivision/Addition:	MRGCD Map No.:	UPC Code:
Zone Atlas Page(s):	Existing Zoning:	Proposed Zoning
# of Existing Lots:	# of Proposed Lots:	Total Area of Site (Acres):

LOCATION OF PROPERTY BY STREETS		
Site Address/Street:	Between:	and:

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

I certify that the information I have included here and sent in the required notice was complete, true, and accurate to the extent of my knowledge.

Signature:	**Date:**
Printed Name: JOSEPH M CRUC	☑ Applicant or ☐ Agent