



(Staff Use Only)

Case NO: _____

Related Cases: _____

CITY OF ANTHONY
NEIGHBORHOOD SERVICES / BUILDING INSPECTION
 820 HWY 478, ANTHONY, NM 88021 (575) 882-2983 FAX (575) 882-2978

Development Application Form

The completeness of this application, which includes accompanying plans, shall be subject to the review of the Planning Department and Development Review Committee. This application is used for a variety of application processes and not all items may apply to your project. If you feel a Requirement is not applicable to your project, write "N/A." If you have any questions while completing this application, please ask a member of the Planning Department for assistance. Incomplete applications will not be accepted (or the process may be delayed.) PLEASE PRINT OR TYPE

Check Application Type(s) Requested:

<input type="checkbox"/> Conditional Use Permit/SUP (\$350/\$600) <input checked="" type="checkbox"/> Variance (\$150/\$250) <input type="checkbox"/> Change of Zone (\$350/\$600)	<input type="checkbox"/> Summary Subdivision (\$200 + \$25 per lot) <input type="checkbox"/> Preliminary Subdivision Review (\$100#350) <input type="checkbox"/> Annexation (\$800/\$1000)	<input type="checkbox"/> Final Plat Subdivision (\$200 + \$25 per lot) <input type="checkbox"/> Master Plan Amendment (\$350) <input type="checkbox"/> Appeal (75% of original application fee)
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Project Summary:

Project/Business Name (if any):	
Project Description:	
Property Address/Location:	
Assessor's Parcel Number(s):	
Existing Master Plan Designation:	Existing Zoning Designation:
Proposed Master Plan Designation (if applicable):	Proposed Zoning Designation (if applicable):
Existing Uses and/or Structures on Site:	
Surrounding Uses: North:	South:
East:	West:

Application must include an site map of proposed intensions with all correct measurements and complete

Detail too aide the application process

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PROJECT REPRESENTATIVES:

APPLICANT / REPRESENTATIVE

Name:	Tel No:	
Address:	Fax No:	
City:	State:	Zip:
Contact Person:	Email address:	

I certify under penalties of perjury that all the application information is true and correct:

Applicant's Signature:	Date:
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Note: The application fee is non-refundable regardless of the outcome of the application.

PROPERTY OWNER/AGENT

Name:	Tel No:	
Address:	Fax No:	
City:	State:	Zip:
Contact Person:	Email address:	

I, _____ am the owner of the property described in this application and hereby authorize _____ to act on my behalf on matters pertaining to this application.

Property Owner's Signature:	Date:
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Note: If more than one owner, a separate page must be attached listing the names and addresses of all persons (if a corporation, list officers, and principals) having interest in the property ownership.

ARCHITECT Name:	Tel No:	
Address:	Fax No:	
City:	State:	Zip:
Contact Person:	Email address:	

ENGINEER Name:	Tel No:	
Address:	Fax No:	
City:	State:	Zip:
Contact Person:	Email address:	

SUBMITTAL REQUIREMENTS

The submittal requirements provides the basic information necessary for review by the Development Services Committee (staff review by City Departments) and agency (utility and other regulating agencies) review. The Committee review is a technical review addressing a variety of standards associated with building, engineering, fire, planning, police, and traffic. The Committee may determine that additional information and/or special studies are required before further processing can take place. Additional fees may be required for review of special studies.

REQUIRED	SUBMITTED
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