PLANNING & ZONING APPLICATION

INSTRUCTIONS: The Carrizozo Planning & Zoning Board meets at 6 PM the second Tuesday of each month in the Town Hall Conference Room. To be on the agenda and appear before the Board of Trustees the following documents must be submitted to the Town Hall clerk’s office by noon on the Wednesday prior to the Council’s scheduled meeting.

- a completed application, including the $25.00 filing fee,
- a copy of your Warranty Deed of Record, and
- a detailed, scaled site plan that shows current lot dimensions, structures, driveway positions and setbacks.

If you have any questions, please contact Town Hall at (575)648-2371.

APPLICATION INFORMATION:

Owner of Record: __________________________ Telephone No: __________________

Mailing Address: __________________________ Cell Phone: __________________

Email: __________________

Physical address of property: __________________________

Designated Agent: __________________________ Telephone No: _____________

is hereby authorized to represent me in this matter, and I agree to be bound by any and all decisions or agreements made by my agent (if no agent is authorized, indicate so with NA).

I hereby certify that all information submitted with this application is true and correct to the best of my knowledge and beliefs.

______________________________
Signature of Owner of Record

Subscribed and sworn to before me this ___ day of ________________, ______

By ________________________________ My commission expires: __________________
Notary Public
Legal description of property: Subdivision/Addition: __________________________
Lot(s): ____________________ Tract(s): ____________________________
Block: _______________ is this a corner lot? ___yes ___ no
Current zoning (Circle One): A1 A2 R1 R2 C1 C2 M1 PD1 S1 S2 S3 S4 S5 S6
Number of dwelling units: Existing ___ Proposed ___
Present use of this property: ____________________________________________
Describe project for this application: ____________________________________________
Lot(s) Size: _______________ Building or Manufactured Home Size: _______________

APPLICATION FOR:

___ Conditional Use for ________________________________________________

___ Variance for ______________________________________________________

___ Verification of compliance to Carrizozo zoning regulations for State Building Permit: __________

___ Verification of compliance to Carrizozo zoning regulations for ______________

___ Other (be specific) ______________________________________________________

Submission Date: ______________________

TOWN COUNCIL ACTION: ___ Approved ___ Denied Date: _______________

If applicable, this approval is good for _____ months as of the date the Town Council approves this application, after which time you must request an extension for additional time to continue this exception.