



# DEVELOPMENT APPLICATION

## PROJECT INFORMATION

Title:

Project Address:

Description:

Check all application types, if applicable:

- Administrative Deviation ... \$25
- Administrative Wireless Telecom ... \$250
- Encroachment Permit ... \$25
- Temporary Use Permit ... \$25
- Comprehensive Plan Adoption & Amendment\*... \$250
- Conditional Use Permit\* ... \$300
- County Landmark or Historic District Adoption/Amendment\* ... \$250
- Development Plan\* ... \$500
- Major Development Plan Amendment\* ... \$500
- Minor Development Plan Amendment ... \$250
- Summary Plat... \$100 plus \$25 lot; \$10 / acre for non-residential
- Sketch Plat, Subdivision\*... \$250 plus \$175/lot (1-10 lots)  
\$125/lot (11-30 lots)  
\$75/lot (30+ lots)
- Preliminary Plat, Subdivision\* ... \$250 plus \$175/lot (1-10 lots)  
\$125/lot (11-30 lots)  
\$75/lot (30+ lots)
- Final Plat, Subdivision\* ... \$250 plus \$175/lot (1-10 lots)  
\$125/lot (11-30 lots)  
\$75/lot (30+ lots)
- Landscaping Plan ...\$500
- Lighting Plan ...\$500

- Site Plan\* ... \$500 plus \$75 per/Million \$ estimated construction cost
- Estimated Construction Cost:** \_\_\_\_\_
- Major Site Plan Amendment\* ... \$500
- Minor Site Plan Amendment ... \$250
- Major Zone Map Amendment\* ... \$500 (+\$25/acre)  
*No fee if initiated by County Council or County Manager*
- Minor Zone Map Amendment\* ... \$500 (+\$25/acre)  
*No fee if initiated by County Council or County Manager*
- Master Plans\* (Major, Minor) ...\$250
- Text Amendment\* ... \$150  
*No fee if initiated by County Council or County Manager*
- Variance ... \$250  
*No fee if application is a part of a Site Plan review*
- Administrative Wireless Telecommunication Facility ... \$250
- Discretionary Wireless Telecommunication Facility\* ... \$500
- Small Wireless Facility ...\$250
- Major Historic Demolition\* ... \$250
- Major Historic Property Alteration Certification\* ... \$250
- Minor Historic Property Alteration Certificate ... \$250

**\* Application reviews require a pre-application meeting.**

**PROPERTY & OWNER INFORMATION**

Property Address: \_\_\_\_\_  
Address City State ZIP

Zoning District: \_\_\_\_\_ Overlay Zone: \_\_\_\_\_ N/A

Existing Structure(s) Sq. Ft.: \_\_\_\_\_ Proposed Structure(s) Sq. Ft.: \_\_\_\_\_

Lot Area (sq.ft.): \_\_\_\_\_

Property Owner(s) Name: \_\_\_\_\_

Owner(s) Email: \_\_\_\_\_

Owner(s) Phone(s)#: \_\_\_\_\_

Owner's Address same as Property Address

Owner(s) Address: \_\_\_\_\_  
Address City State ZIP

**APPLICANT / OWNER'S AGENT INFORMATION**

Applicant is same as Owner

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Address City State ZIP

Applicant Email: \_\_\_\_\_

Applicant Phone(s)#: \_\_\_\_\_

**ASSOCIATED APPLICATONS**

Application Type: \_\_\_\_\_

Case Number: \_\_\_\_\_

*I hereby certify and affirm, under penalty of perjury, that the information I have provide in this application is true and accurate to the best of my knowledge, information, and belief. [NMSA 1978, §30-25-1]*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

Date Received: \_\_\_\_\_ Staff: \_\_\_\_\_

Case No.#: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

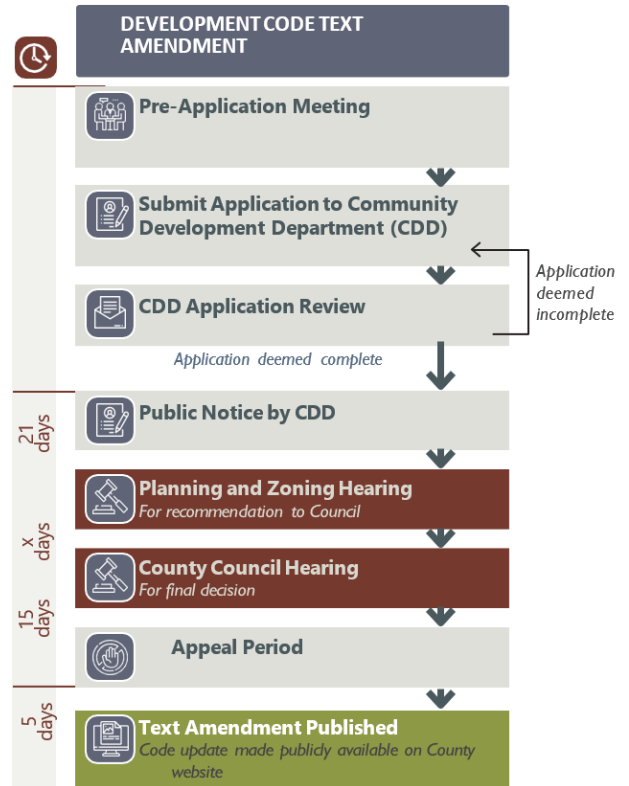
**SUBMITTALS**

- |   |   |
|---|---|
| <input type="checkbox"/> Proof of Ownership or Letter of Authorization from Owner | <input type="checkbox"/> Complete Application – Date: _____   |
| <input type="checkbox"/> Items from associated Application Checklist              | <input type="checkbox"/> Payment – Accepted upon verification of a complete application - Date: _____ |

## TEXT AMENDMENT CHECKLIST

Applicants for all development application reviews must complete this checklist and submit it with the Development Application. Refer to the referenced code sections for additional information. Contact the Planning Division with questions regarding these requirements: [planning@lacnm.us](mailto:planning@lacnm.us).

PRE-APPLICATION MEETING	
Date Held:	
DEVELOPMENT TEXT	
<input type="checkbox"/>	Copy of the existing code to be amended - using strikeouts to show text to be removed and underline for new language proposed.
COMPREHENSIVE PLAN UPDATE	
Will the text amendment require changes to the Comprehensive Plan?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
Please specify: _____	
_____	
_____	
ADDITIONAL SUBMITTALS	
Based on staff's review and Interdepartmental Review Committee's recommendation - additional submittals may be required and will be communicated to the applicant by the assigned Case Manager.	



See Reverse.



c. The proposed change will clarify existing language, remove redundant or inconsistent language, or simplify the understanding and implementation of the Code.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

- Staff finds that this criterion has been met*
- Staff finds that this criterion has not been met - more information is needed*

d. The proposed amendment promotes public health, safety, and welfare.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

- Staff finds that this criterion has been met*
- Staff finds that this criterion has not been met - more information is needed*

**Attach additional sheets, if needed.**