

ALSZD Rezoning Application

(Ordinance Section 31)

Date Filed		Date heard:	
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Property Data:

Legal	Subdivision		Unit	
	Block		Lot/Tract	
Address				

Describe area for which rezoning is requested:

Describe in detail specifically what changes to zoning are requested:

Explain the circumstances shared by properties within the area that warrant the change in zoning:

Explain why the rezoning will benefit adjacent properties and/or the neighborhood.

Does this request represent the minimum deviation necessary from the Zoning Ordinance? Explain.

WHEREFORE, property owner(s) request(s) that this application be heard by the Alto Lakes Special Zoning District Commission and the requested application be granted.

Optional appointment of representative (if none, enter "none" below – may not be left blank)

Name	
Address	

Signature of Property Owner(s): _____

Signature of Property Owner(s): _____

Affidavit is required *only if you are appointing someone to represent you to at Commission meeting:*

Country: _____)

State: _____)

County: _____)

This instrument was acknowledged before me on this _____ day of _____, year _____.

(seal) _____

Notary public
(or other official signature guarantor)

Disposition:	Denied	Approved subject to recording by County Clerk within 30 calendar days
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Legal basis of decision and conditions:

As heard and decided by the Alto Lakes Special Zoning District Board of Commissioners on this _____ day of _____, year _____.

Commissioner:

State of New Mexico }

ss. }

County of Lincoln }

This instrument was acknowledged before me on this _____ day of _____, year _____.

(seal) _____

Notary public