

ALSZD Application for Conditional Use Permit

| | | | |
|------------|--|-------------|--|
| Date Filed | | Date heard: | |
|------------|--|-------------|--|

Property Data:

| | | | | |
|---------|-------------|--|-----------|--|
| Legal | Subdivision | | Unit | |
| | Block | | Lot/Tract | |
| Address | | | | |

Property Owner:

| | | | | |
|-------------|--|--------|--|--|
| Owner(s) | | | | |
| Owner mail | | | | |
| Owner phone | | Email: | | |

Zoning:

| | | | | | |
|------|---------------------------|-------------------|--------------------|--------------------|--------------------|
| Zone | R-1 | R-2 | C-N | C-CC | CS |
| | Single Family Residential | Multi-Family Res. | Neighborhood Comm. | Country Club Comm. | Community Services |

1. Describe type and extent of Conditional Use requested:

2. Explain how the proposed use is designed, located and proposed to be operated, so that it will not be unreasonably injurious or detrimental to the district in which it shall be located, or otherwise injurious or detrimental to the public welfare:

3. Explain how the proposed use conforms to the applicable regulations and standards of, and preserves the essential character of, the neighborhood in which it shall be located.

4. Use of legal counsel in answering this question is strongly encouraged! Conditional Use Permits require that the applicant provide a legal basis upon which the Commission may grant approval. Provide the legal basis (*including reference to specific provisions in the Ordinance*) upon which you believe the Zoning Commission may grant your Conditional Use Permit.

Property owner(s) hereby certify under penalty of law that all information presented in and with this application are factual.

Signature of Property Owner(s): _____

Signature of Property Owner(s): _____

I/we appoint the individual or firm named below to appear, speak, and act on my (our) behalf with respect to matters involving the ALSZD Comprehensive Zoning and Land Use Ordinance. These matters shall include (strike any which do not apply): Zoning Permits, Variances, and Conditional Use Permits. This appointment shall expire in one year, or earlier by notice to the ALSZD at PO Box 578, Alto, NM 88312. Notice shall be sent by certified mail, return receipt requested.

Owner's Representative:

| | | | |
|------------|--|--------|--|
| Name: | | | |
| Address: | | | |
| Phone: | | Email: | |
| Signature: | | | |