

FILE # _____

*THIS ITEM IS SCHEDULED TO BE HEARD AT A
MEETING OF THE SANDOVAL COUNTY PLANNING & ZONING COMMISSION*

ON _____ TIME _____

SANDOVAL COUNTY PLANNING & ZONING DEPARTMENT

(505) 867-7628

Application for Special Review and Approval

Check one: _____ Conditional Use Permit _____ Variance

Applicant: _____

Daytime Phone: _____

Address:

Agent (if any): _____
Daytime Phone: _____

Address:

Property Address:

Property Legal Description:

Nearest City/Town/Village to Property:

Description of Conditional use or variance applied for (use extra sheet if necessary):

Present Zoning of Property:

Present Use of Property:

Signature of Applicant or Authorized Agent:

Date: _____

The Required Application Fee must accompany this form.

Applications must be received no later than the Twentieth (20th) day of the month prior to the month that the Planning & Zoning Commission is to hear your request.

ALL MEETINGS OF THE SANDOVAL COUNTY PLANNING & ZONING COMMISSION AND THE BOARD OF COUNTY COMMISSIONERS ARE HELD IN THE COMMISSION ROOM, 1ST FLOOR, SANDOVAL COUNTY COURTHOUSE

FOR OFFICE USE ONLY:

Application Received by: _____ Date: _____

File Number: _____ Receipt Number: _____

Planning & Zoning Commission Final Action: _____

Date: _____

Appeal Filed: Yes _____ No _____

If Yes, Date Filed: _____

Board of County Commissioners Final Action: _____

Date: _____

CONDITIONS OF APPROVAL OR BASIS FOR DISAPPROVAL WILL BE SPECIFIED IN LETTER OF NOTIFICATION