PLANNING AND ZONING DEPARTMENT
RESIDENTIAL CONSTRUCTION REVIEW APPLICATION

No structure shall be constructed, placed, or maintained, and no land use commenced or continued within the zoning jurisdiction of the County except as authorized by this Ordinance. Any use not designated as permissive or conditional within a particular zone district is prohibited from that zone district, except as otherwise provided in this Ordinance. https://library.municode.com/nm/sandoval_county/codes/code_of_ordinances?nodeId=COOR_APXAZOOR_ARTIINGE_S4AP

Application Type (check one box only): [ ] New Construction [ ] Addition [ ] Modular Home [ ] Fence/Wall > 6'
Project Cost $_____ [ ] Garage [ ] Accessory +120sf [ ] Swimming Pool [ ] Retaining Wall > 4'
Applicant (check one box only): [ ] Contractor, OR [ ] Homeowner

Contractor Information (***if** Contractor Applicant – Agent Authorization Form Must Be Attached*):

Business Name: _____

Physical Address: _____

Email: _____

Phone Number: _____

New Mexico LIC. #: _____

Sandoval County LIC. #: _____

SUBJECT PROPERTY OWNER INFORMATION (List **UNIFORM PROPERTY CODE (UPC)** number in [ ] fields below highlighted area for this Physical Address only):

Name: _____

Physical Address: _____

Email: _____

Phone Number: _____

Applicant *certifies* subject property **__Tax Bill, __Recorded Deed, __ Plat, or Survey of Property, __Agent Authorization Form (IF Contractor App.), __Grading and Drainage Plan (IF slope > 20%), __Two Complete Sets of Construction Drawings, __Permanent Foundation Plan, __Stamped (approved) NMED Liquid Waste Permit, __Stamped (approved) NMED Application, __Stamped (approved) NMED Site Plan, __Site Plan & Vicinity Map, _Driveway Permit from New Mexico Department of Transportation NMDOT [If accessing unto a State Highway]** attached to this application.

UPC number for SUBJECT PROPERTY OWNER Physical Address only (see **Tax Bill**):

L	W	-							

SEPTIC PERMIT #:

_____ _____
Signature (of Applicant) / $75 Non-Refundable Review Fee ($5 Address Fee, if needed) **Date**

STAFF USE ONLY

INITIAL box [ ] *certifying* **all items listed above in yellow are** attached.

_____ _____
Signature (Staff Person Receiving this Application and Attachments) Date

Subject property *identified* on attached **Bill** and **Deed** is located in the following unincorporated **Zone(s):** _____
INITIAL box [ ] *certifying* **Vicinity Map** (*identifying* subject Property) is *prepared* and attached by GIS Staff.

GIS Stamp

_____
Physical E911 Address (IF EXISTS); If not, leave blank, and include an **ADDRESSING ASSIGNMENT APPLICATION** with this form.

_____ _____
Signature (GIS Identification) Date

_____ _____
Signature (Flood Plain Approval) Date

_____ _____
Signature (Zoning Approval) Date

Daniel J. Beaman
Director of Planning and Zoning
Desk Phone: 505-867-7628
Email: P&Zmain@SandovalCountynm.gov