



PLANNING AND ZONING DEPARTMENT STATEMENT OF ZONAL VERIFICATION (or) CERTIFICATION

NOTE: 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): ZONAL GENERAL VERIFICATION OR, USE-SPECIFIC CERTIFICATION

Applicant Info –

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Email: _____

Phone Number: _____

SUBJECT PROPERTY OWNER INFORMATION

Physical Address (if exists): _____

City/State/Zip Code (if exists): _____

Applicant certifies subject property Tax Bill, Recorded Deed, Plat, or Survey of Property is attached to this application, as well as a Letter detailing your inquiry. Be sure to include what type of use currently exists on the property, as well as what type of use is being considered (or proposed) for the property. Please allow either seven (7) calendar days for a *General Verification*, or fifteen (15) calendar days for a *Use-Specific Certification* (respectively). **THERE IS NO COST.**

Signature (Applicant) Date

SHADED SECTION BELOW FOR P&Z STAFF USE ONLY

INITIAL boxes certifying Tax Bill, Recorded Deed, Plat, or Survey of Property, and Letter attached.

Signature (Receiver) Date

Subject Property identified on attached Bill, Deed, & Plat is located in the following unincorporated Zone(s): _____
INITIAL box certifying ZONING Map (identifying Subject Property) is prepared and attached by GIS Staff.



Physical E911 Address (IF EXISTS); If not, leave blank.

Signature (GIS Identification) Date

Signature (Zoning Approval) Date