



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

Name: _____
Physical Address: _____
Email: _____
Phone Number: _____

Applicant certifies subject property Tax Bill, Recorded Deed, Plat or Survey of Property, Agent Authorization Form (If Contractor Applicant), Grading and Drainage Plan (If Slope > 20%), Two Complete Sets of Construction Drawings, Elevation Certificate (If in Flood Zone), 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/Road].

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

SHADED SECTION BELOW FOR P&Z 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.**



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 _____