



CITY OF MORIARTY DEVELOPMENT AND/OR SUBDIVISION APPLICATION

PLANNING & ZONING

201 Broadway St. S - P.O. Box 130 - Moriarty, NM 87035
505-832-4406 Phone - 505-832-6919 Fax

SUBJECT PROPERTY ADDRESS: _____

SUBJECT PROPERTY LEGAL DESCRIPTION: _____

ZONE: _____

PROPERTY TAX ID#: _____

PROPERTY OWNER OF RECORD: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

APPLICANT/CONTACT PERSON: If different from owner, additional space provided on the back.

NAME: _____ TITLE/COMPANY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ E-MAIL: _____

CBR: HOME: _____ WORK: _____ MOBILE: _____ FAX: _____

PROPOSED DEVELOPMENT

MINOR NEW CONSTRUCTION:

\$25 RESIDENTIAL DEVELOPMENT REVIEW

- SINGLE FAMILY HOME
- REMODEL/ADDITION/REPAIR (IF EXPANDING)
- MANUFACTURED HOUSING / MOBILE HOME
- ACCESSORY STRUCTURE (NON HABITABLE)

\$50 COMMERCIAL DEVELOPMENT REVIEW

- COMMERCIAL BUILDINGS UP TO 3,000 SQUARE FT. (MAY REQUIRE SUPPLEMENTAL SUBDIVISION AND LAND USE APPLICATIONS AND/OR APPROVALS AND FEES)
- FLOOD PLAIN DEVELOPMENT (MAY REQUIRE SUPPLEMENTAL SUBDIVISION AND LAND USE APPLICATIONS AND/OR APPROVALS AND FEES)
- SIGN PERMIT

SUBDIVISION AND LAND USE

- SUBDIVISION PRE-APPLICATION PROCEDURE (NO FEE)
- PLAT VACATION - \$50.00
- MINOR SUBDIVISION - (5) LOTS OR LESS, OR NO INCREASE OF PREVIOUSLY PLATTED LOTS, AND NO ALTERATION OF PUBLIC RIGHT-OF-WAY - \$100
- FAMILY LOT SPLIT - \$50
- REQUEST FOR VARIANCE - \$100
- PRELIMINARY PLAT PROCEDURE - \$200 OR \$20 PER LOT WHICHEVER IS GREATER
- FINAL PLAT PROCEDURE - \$100 OR \$10 PER LOT WHICHEVER IS GREATER
- ANNEXATION PETITION (IN CONJUNCTION WITH ZONING)

APPEAL TO:

- ADMINISTRATOR
- PLANNING & ZONING COMMISSION
- CITY COUNCIL

SIGNATURE(S): By signing the application, you hereby acknowledge that ALL of the information submitted on and with

this application is true and correct to the best of your knowledge. No application will be accepted without the original signature of the owner(s) of record of the described property. If more than one owner, ALL owners must sign the application.

Owner(s):

Date: _____

Date: _____

Date: _____

Applicant(s): *(if different from owner)*

Date: _____

Date: _____

Date: _____

The Owner, Applicant, or legal representative must attend all public hearings.

ADDITIONAL APPLICANTS / CONTACT PERSONS, if different from owner:

NAME: _____ TITLE/COMPANY: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ E-MAIL: _____
CBR: HOME: _____ WORK: _____ MOBILE: _____ FAX _____

NAME: _____ TITLE/COMPANY: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ E-MAIL: _____
CBR: HOME: _____ WORK: _____ MOBILE: _____ FAX _____

NAME: _____ TITLE/COMPANY: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ E-MAIL: _____
CBR: HOME: _____ WORK: _____ MOBILE: _____ FAX _____

DEVELOPMENT CONSIDERATIONS

IS THE SUBJECT PROPERTY IN A FLOOD ZONE? NO YES

IF YES, ATTACH FLOOD ELEVATION CERTIFICATE COMPLETED BY SURVEYOR
WILL REQUIRE A FLOOD PLAIN DEVELOPMENT PERMIT

IS THE SUBJECT PROPERTY IN A WELLHEAD PROTECTION ZONE? NO YES

IF YES, REGULATIONS SHALL BE IMPOSED ON THE SURFACE AND SUBSURFACE AREA SURROUNDING WATER SUPPLY WELL

WILL THE DEVELOPMENT REQUIRE A ZONING ACTION? NO YES

AMENDMENT TO ORDINANCE

VARIANCE

INTERPRETATION OF LAND USE

CONDITIONAL USE PERMIT

****PARKING AND LOADING REQUIREMENTS**

NUMBER OF SPACES _____ SIZES _____

NUMBER OF HANDICAPPED SPACES _____ SIZES _____

****SIGN PERMITTING**

TYPE

- | | | |
|--------------------------|---|--------------------------------|
| <input type="checkbox"/> | A | RESIDENTIAL PREMISES |
| <input type="checkbox"/> | B | DIRECTIONAL |
| <input type="checkbox"/> | C | BUSINESS/SERVICE ESTABLISHMENT |
| <input type="checkbox"/> | D | NON-RESIDENTIAL PREMISES |
| <input type="checkbox"/> | E | OUTDOOR ADVERTISING |
| <input type="checkbox"/> | F | TEMPORARY |

NUMBER OF SIGNS ON PROPERTY: _____ SQUARE FOOTAGE: _____

HEIGHT OF SIGN: _____ WILL THE SIGN(S) BE ILLUMINATED? YES NO

****MOBILE HOME OR MANUFACTURED HOUSING PERMITTING**

NAME OF MANUFACTURER: _____

MODEL/YEAR: _____

SIZE: _____

COLOR: _____

ZONE: _____

FOUNDATION INFORMATION: BLOCKED PERMANENT FOUNDATION

ATTACH A COPY OF THE TITLE OR REGISTRATION FOR THE MOBILE HOME, AS WELL AS THE MOBILE HOME PLACEMENT AND SET-UP PERMIT FROM THE MANUFACTURED HOUSING AUTHORITY.

SITE OR PLOT PLAN

SINGLE FAMILY, MANUFACTURED HOME, OR ACCESSORY STRUCTURES, OR SIGNS

ONLY ONE HOME IS ALLOWED ON EACH LOT

THE FOLLOWING ITEMS MUST BE MARKED

- ** LENGTH AND WIDTH OF THE PROPERTY
- ** DISTANCE FROM ALL BUILDINGS TO PROPERTY LINES
- ** LENGTH AND WIDTH OF ALL BUILDINGS
- ** LOCATION AND WIDTH OF DRIVEWAY
- ** DISTANCE FROM THE DRIVEWAY TO PROPERTY LINE ON BOTH SIDES
- ** STREET NAME OR NAMES (IF PROPERTY BORDERS MORE THAN ONE STREET)
- ** NORTH ARROW, POINTING TO THE NORTH

LENGTH OF PROPERTY _____ FEET



I CERTIFY THAT THE ABOVE (OR ATTACHED) SITE PLAN IS A COMPLETE AND ACCURATE REPRESENTATION OF THE PROPERTY AND INCLUDES ALL BUILDINGS AND STRUCTURES. I UNDERSTAND THAT ANY MISREPRESENTATIONS TO THE SITE PLAN COULD CAUSE THIS PERMIT TO BECOME NULL AND VOID.

SIGNATURE _____ DATE _____

SUBDIVISION INFORMATION

PROPOSED NAME OF SUBDIVISION: _____

GROSS AREA OF SUBDIVISION _____ ACRES PROPERTY LOCATED WITHIN _____ ZONE

NUMBER OF EXISTING LOTS: _____ NUMBER OF PROPOSED LOTS: _____
(IF REPLATTING, LIST EXISTING AND PROPOSED # OF LOTS)

DWELLING UNITS/ACRE _____ ACRES FOR RESIDENTIAL _____

ACRES FOR STREETS: _____ ACRES FOR OTHER _____

THE LEGAL DESCRIPTION FOR THE TOTAL AREA IN THIS PLAT IS AS SHOWN IN DEED

BOOK _____ PAGE(S) _____ FILED ON: _____
DAY OF: _____, _____.

APPLICANT'S SURVEYOR: _____
NAME ADDRESS PHONE

APPLICANT'S ENGINEER: _____
NAME ADDRESS PHONE

SUBDIVISION DEVELOPMENT PROPOSAL INFORMATION

TYPE OF PROPOSAL - Single Family Subdivision, Townhouse, Apartments, Commercial, Industrial

PROPOSED NUMBER OF LOTS _____ TO BE DEVELOPED IN _____ PHASE(S)

PROPOSED SIZE OF LOTS _____

PROPOSED SQUARE FOOTAGE RANGE OF HOMES TO BE BUILT _____

ANTICIPATED TRAFFI _____

ANTICIPATED DEVELOPMENT SCHEDULE:

WORK WILL COMMENCE ON _____ AND WILL TAKE _____
TO COMPLETE.

HOW WILL STORMWATER BE RETAINED ON SITE (Detention facility, on-lot ponding, etc)?

WILL ANY SPECIAL LANDSCAPING, ARCHITECTURAL OR SITE DESIGN FEATURES BE IMPLEMENTED
INTO THE PROPOSAL (For example, rock walls, landscaped medians, or entryways, entrance signage, architectural
themes, decorative lighting)? IF SO, PLEASE DESCRIBE AND ATTACH RENDERING.

OFFICE USE ONLY

DATE RECEIVED: _____

BY: _____

REC# _____

COMMISSION DATE: _____

ACTION: _____

REPLAT? _____

ORIGINAL MARKED - REPLATTED _____

EXPIRATION TO FILE: _____