

## PLANNING & ZONING LAND USE APPLICATION

Please check appropriate box

(Fees are listed on the back)

Administrative Permit	Plan	Subdivision	Zoning
<input type="checkbox"/> Community Residential Care Facility	<input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Annexation
<input type="checkbox"/> Development Review Committee (DRC)	<input type="checkbox"/> Corridor Plan Amendment	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Appeal
<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Master Plan	<input type="checkbox"/> Summary Plat	<input type="checkbox"/> Conditional Use Permit
<input type="checkbox"/> Model Home / Sales Office	<input type="checkbox"/> Master Plan Amendment	<input type="checkbox"/> Vacation of Plat	<input type="checkbox"/> Master Sign Plan
<input type="checkbox"/> Residential Child Care Facility 6 or <	<input type="checkbox"/> Specific Area Plan Amendment	<input type="checkbox"/> Street Name Change	<input type="checkbox"/> Site Plan
<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Text Amendment	<input type="checkbox"/> Subdivision Interpretation	<input type="checkbox"/> Special Exception
<input type="checkbox"/> Other		<input type="checkbox"/> Subdivision Variance	<input type="checkbox"/> Variance
			<input type="checkbox"/> Zone Map Amendment
			<input type="checkbox"/> Zoning Certification
			<input type="checkbox"/> Zoning Interpretation

**Please Print In Ink Only or Type**

Application must be complete. Please attach the appropriate checklist for the action you are requesting, if applicable.

### APPLICANT/AGENT INFORMATION

Applicant Name:		Phone:
Address:		E-Mail:
City:	State:	Zip:
Proprietary Interest:	List Owners:	
Deed or Ownership Verification Provided: (Initials)		Letter of Authorization Provided: (Initials)
Agent Name:		Phone:
Address:		E-Mail:
City:	State:	ZIP Code:

### DESCRIPTION OF REQUEST: (PLEASE ADD ADDITIONAL SHEET(S) IF NECESSARY)


### SITE INFORMATION: (PLEASE PROVIDE ACCURATE LEGAL DESCRIPTION)

Subdivision/Unit :	Block(s):	Lot(s):
Existing Zoning:	Proposed Zoning:	
No. of existing lots:	No. of proposed lots:	Total area of site (acres)

### ACKNOWLEDGEMENT

I hereby acknowledge that I have read this entire application and affirm that all information provided is correct. I agree to comply with the requirements of the City of Rio Rancho as outlined in all applicable laws, ordinances and regulations.

Print Name:	Applicant:	Agent:
Signature:	Date:	

### FOR OFFICIAL USE ONLY

H.T.E. PROJECT #	FEE	RECEIPT #

**APPLICATION ACCEPTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_