

FILE # \_\_\_\_\_

*THIS ITEM IS SCHEDULED TO BE HEARD AT A  
MEETING OF THE SANDOVAL COUNTY PLANNING & ZONING COMMISSION*

ON \_\_\_\_\_ TIME \_\_\_\_\_

**SANDOVAL COUNTY PLANNING & ZONING DEPARTMENT**

**(505) 867-7628**

**Application for Amendment to the Zoning Ordinance**

Check one:    \_\_\_\_\_ Zone Map Amendment  
                  \_\_\_\_\_ Petition for Legislative (Text) Amendment

Applicant: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Agent (if any): \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Property Address:  
\_\_\_\_\_

Acreage of Property:  
\_\_\_\_\_

Property Legal Description:  
\_\_\_\_\_

Nearest City/Town/Village to Property:  
\_\_\_\_\_

A Zone Map Amendment from \_\_\_\_\_ to \_\_\_\_\_ is requested; or a text amendment to Section \_\_\_\_\_ of the zoning ordinance is requested.

Signature of Applicant or Authorized Agent:

\_\_\_\_\_

Date: \_\_\_\_\_

**Required Application Fee must accompany this form.**

**Applications must be received no later than the Twentieth (20<sup>th</sup>) day of the month prior to the month that the Planning & Zoning Commission is to hear your request.**

***ALL MEETINGS OF THE SANDOVAL COUNTY PLANNING & ZONING COMMISSION AND THE BOARD OF COUNTY COMMISSIONERS ARE HELD IN THE COMMISSION ROOM, 1<sup>ST</sup> FLOOR, SANDOVAL COUNTY COURTHOUSE***

FOR OFFICE USE ONLY:

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

File Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Planning & Zoning Commission Final Action: \_\_\_\_\_

Board of County Commissioners Final Action: \_\_\_\_\_

Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL OR BASIS FOR DISAPPROVAL WILL BE SPECIFIED IN LETTER OF NOTIFICATION**

Revised June 2001