



BUILDING/PLANNING DEPARTMENT
 Voice - (575) 894-6673 x 110 Fax - (575) 894-0363
 E-mail Rtravis@torcnm.org
 505 Sims Street – Truth or Consequences, NM 87901

(Staff Use Only)
 Case No

Related Case(s)

PLANNING APPLICATION FORM

The completeness of this application, which includes accompanying plans, shall be subject to the review of the Building/Planning Department. This application is used for a variety of application processes and not all items may apply to your project. If you feel a requirement is not applicable to your project, write "N/A." If you have any questions while completing this application please ask a member of the Planning Department for assistance. Incomplete applications will not be accepted (or the process may be delayed.) (PLEASE PRINT OR TYPE)

CHECK APPLICATION TYPE(S) REQUESTED:

- | | | |
|--|--|---|
| <input type="checkbox"/> Master Plan (\$100 + \$200/lot) | <input type="checkbox"/> Annexation (\$100 or \$10/ac. Max. \$250) | <input type="checkbox"/> CUP/SUP (\$25) |
| <input type="checkbox"/> Master Plan Amendment (\$200) | <input type="checkbox"/> Appeal (\$50) | <input type="checkbox"/> Prelim. Plat or Replat (\$100 + \$200/lot) |
| <input type="checkbox"/> Development Agreement (\$1,000) | <input type="checkbox"/> Variance (\$25) | <input type="checkbox"/> Final Plat (\$50) |
| <input type="checkbox"/> Change of Zone (\$100 or \$10/ac. Max. \$250) | <input type="checkbox"/> Zone Ordinance Amendment (\$250) | <input type="checkbox"/> Summary Plat (\$50) |
| | | <input type="checkbox"/> Plat Amendment (\$50) |

PROJECT SUMMARY:

Project/Business Name (if any): _____

Project Description (add extra page(s) if needed):

Property Address/Location: _____

Assessor's Parcel Number(s): _____

Total Gross Lot Area: _____ Total Net Lot Area: _____

Existing Master Plan/Comprehensive Plan Designation: _____ Existing Zoning Designation: _____

Proposed Master Plan Designation (if applicable): _____ Proposed Zoning Designation: _____

Existing Uses and/or Structures on Site: _____

Surrounding Uses: North: _____ South: _____
 East: _____ West: _____

APPLICANT/ REPRESENTATIVE Name:		REPRESENTATIVE(S):	
Address:		Telephone No.:	
City:	State:	Zip Code:	
Contact Person:	E-mail Address:		
I certify under penalty of perjury that all the application information is true and correct:			
Applicant's Signature:			Date:
PROPERTY OWNER/ AGENT Name:		Telephone No.:	
Address:		Fax No.:	
City:	State:	Zip Code:	
Contact Person:	E-mail Address:		
The City will provide the applicant with hearing notices and staff reports unless another party is identified.			
Date/Time Received:			Receipt No(s):
Received By:		Amount Received: \$	

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Application Requirements for Zoning/Master Plan Projects

The application materials for a Planning Project include the following:

1. Signed Application
2. Payment of appropriate City Fees
3. Site plan (8 1/2 " x 11") with dimensions
4. Authorization Letter from property owner or applicant
5. Appropriate radius map based on assessor's parcel map, three (3) sets of mailing labels of all property owners within the appropriate radius.

In applying for a Master Plan, Master Plan Amendment, Specific Plan, Zone Change the plans shall include the following:

1. Name, address, and phone number of the Applicant and Applicant's Representative
2. Assessor's Parcel Number (UPC)
3. Total Acreage
4. North Arrow
5. Vicinity Map
6. Date of Map Preparation
7. Graphic Scale
8. Existing structures such as walls, buildings, and trees
9. Existing adjoining land uses
10. Names of adjoining landowners
11. Dimensions of each lot and/or property involved in the application
12. Lands dedicated for Public Use
13. Easements

Twenty Five (25) sets of plans which are folded to a size no more than 8 1/2" x 14" and shall be stapled, collated, and bound by a rubber band.

Application Requirements for CUP/SUP and Subdivision of Land Plan Projects