

**Alto Lakes Special Zoning District**

**ALG&CC Architectural Control Committee**

**E-Z Application – Enclosed and Covered Structures (New Home, Addition, Covered Porches, etc.)**

Date Filed		Date heard:	
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**Property Data**

Legal	Subdivision		Unit	
	Block		Lot/Tract	
Address				

**Property Owner**

Owner(s)	
Owner mail	
Owner phone	

**Zoning and Covenant**

<b>Zone</b>	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> C-N	<input type="checkbox"/> C-CC	<input type="checkbox"/> CS
Zoning Setbacks	Front	Left	Rear	Right	
Setbacks (proposed)	Front	Left	Rear	Right	
Covenant setbacks (if different from zoning)	Front	Left	Rear	Right	
Sq. Footage	Minimum Main Floor Heated		Minimum Total Heated		
Proposed Sq. Footage	Main Floor Heated		Total Heated	Unheated (all unheated under roof)	

**Zoning only**

Height	Maximum Height	
Proposed Height	<p>Where the front footings will be located <u>above the road</u>, the height shall be measured from the average of the original grade along the <u>rear footings</u> of the dwelling.</p> <p>Where front footings will be located below the road, the height shall be measured from the average of the original grade along the front footings of the dwelling.</p>	Height



**Appointment of Owner's Representative (optional):**

Name	
Address:	
Phone:	

**Initial below for *each* organization for which you are appointing Owner's Representative:**

	<b>ALG&amp;CC Architectural Control Committee:</b> I acknowledge that I have read the ACC Construction Packet and information, as well as the applicable restrictive covenants, and will comply with same. I appoint the individual or firm named below to appear, speak, and act on my (our) behalf with respect to matters involving the ALG&CC Restrictive Covenants and ACC Construction Packet. These matters shall include (strike any which do not apply): ACC Permits and Variances. This appointment shall expire in one year or earlier by notice to the ACC.
	<b>Alto Lakes Special Zoning District:</b> I appoint the individual or firm named below to appear, speak, and act on my (our) behalf with respect to matters involving the ALSZD Comprehensive Zoning and Land Use Ordinance. These matters shall include (strike any which do not apply): Zoning Permits, Variances, and Conditional Use Permits. This appointment shall expire in one year, or earlier by notice to the ALSZD at PO Box 578, Alto, NM 88312. Notice shall be sent by certified mail, return receipt requested.

Property owner(s) hereby certify, under penalty of law, that 1) survey and/or plat submitted with this application show all improvements which are existing or to be constructed or installed under this permit and 2) that no improvements other than those set specifically described above will be constructed.

Signature of Property Owner(s): \_\_\_\_\_

Signature of Property Owner(s): \_\_\_\_\_

**Affidavit is required for appointment of Owner's Representative:**

Country: \_\_\_\_\_)

State: \_\_\_\_\_)

County: \_\_\_\_\_)

This instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_.

(seal) \_\_\_\_\_

Notary public (or other official signature guarantor)

ALSZD Disposition:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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As heard and decided by the Alto Lakes Special Zoning District Board of Commissioners on this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

ACC Disposition:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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As heard and decided by the ALG&CC Architectural Control Committee on this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_