

Alto Lakes Special Zoning District

ALG&CC Architectural Control Committee

E-Z Application – Permit for Outdoor Improvements (Landscaping, Decks, Walks, Drives, 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	

Zone	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> C-N	<input type="checkbox"/> C-CC	<input type="checkbox"/> CS
Setbacks (required)	Front	Left	Rear	Right	
Setbacks (proposed)	Front	Left	Rear	Right	
Covenant setbacks (if different from zoning)	Front	Left	Rear	Right	

General description of work to be performed:

Required attachments:

- (All uses)** Plot plan with description of improvements and/or landscaping
- (Landscaping)** Zoning Landscape Addendum together with description of plants and materials

ALSZD Fees:

Zoning Permit (includes decks, walks, patios, courtyards, dog runs, walls, pools, tennis courts, driveway, parking, landscaping, irrigation and all other exterior improvements). Fee is inclusive of all work permitted under a single site plan	Permit SF deck, patio, walk, and artificial turf		\$50	\$ _____
			\$0.05	\$ _____

Total fees (non-taxable - submit check payable to ALSZD for this amount)

\$

Contractor who will perform work (indicate “owner” if owner will perform work):

Name	
Address:	
Phone:	

Appointment of Owner's Representative (optional):

Name	
Address:	
Phone:	

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

	ALG&CC Architectural Control Committee: 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.
	Alto Lakes Special Zoning District: 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.

Signatures 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: _____