

Alto Lakes Special Zoning District
Application for Conditional Use Permit

Date Filed		Date heard:	
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Property Data

Legal	Subdivision		Unit	
	Block		Lot/Tract	

Property Owner

Owner(s)	
Owner mail	
Owner phone	

Zoning

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
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#1 Describe type and extent of Conditional Use requested:

#2 Explain how the proposed use is designed, located and proposed to be operated, so that it will not be unreasonably injurious or detrimental to the district in which it shall be located, or otherwise injurious or detrimental to the public welfare:

#3: Explain how the proposed use conforms to the applicable regulations and standards of, and preserves the essential character of, the neighborhood in which it shall be located.

#4 **Use of legal counsel in answering this question is strongly encouraged!** Conditional Use Permits require that the applicant provide a legal basis upon which the Commission may grant approval. Provide the legal basis (***including reference to specific provisions in the Ordinance***) upon which you believe the Zoning Commission may grant your Conditional Use Permit.

Property owner(s) hereby certify under penalty of law that all information presented in and with this application are factual.

Signature of Property Owner(s): _____

Signature of Property Owner(s): _____

I/we 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.

Owner's Representative:

Name	
Address:	
Phone:	
Signature:	

Alto Lakes Special Zoning District

ALSZD Hearing request:	<input type="checkbox"/> Denied <input type="checkbox"/> Scheduled for date: _____
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ALSZD Hearing Disposition:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
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Basis upon which Conditional Use Permit is granted by the ALSZD:

Conditions upon which the Conditional Use Permit is granted by the ALSZD:

1. File the approved Conditional Use Permit with the County Clerk within 30 days following the date of approval by the Zoning Commission.
2. To obtain all necessary approvals and permits prior to commencing work on any improvements for which the Conditional Use Permit is granted.
3. To commence any work for which the Conditional Use Permit is granted within six months from the date of approval and to complete all work within one year of date of approval unless alternative dates are specified in the agreement.

As heard and decided by the Alto Lakes Special Zoning District Board of Commissioners on this _____ day of _____, year _____.

Commissioner (x): _____ Date: _____

State of New Mexico }
 ss.
 County of Lincoln }

This instrument was acknowledged before me on this _____ day of _____, year _____.

(seal) _____

Notary public