

**City of Santa Fe  
Planning and Zoning Commission  
Request for Action**

*Page 1 of 3*

*INSTRUCTIONS: Please fill out Panels A and F, completely. Failure to provide this information may slow down or stop the application process. Also fill out Panel B, C, D or E as is appropriate to your application.*

**Panel A**

**Owner's Information**

Owner's Name: \_\_\_\_\_

Owner's Mailing Address:

Street: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

FAX: ( ) \_\_\_\_\_ - \_\_\_\_\_ e-mail \_\_\_\_\_

**Property Description:**

Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_

Subdivision \_\_\_\_\_ Abstract \_\_\_\_\_

**Property Location:**

Street address \_\_\_\_\_

Location description \_\_\_\_\_

**Panel B**

**Zoning Map Change**

**FEE \$350**

Existing Zone: [\_\_\_\_\_] Requested Zone [\_\_\_\_\_]

Reason for change \_\_\_\_\_

\_\_\_\_\_

Desired outcome \_\_\_\_\_

**City of Santa Fe  
Planning and Zoning Commission  
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*Page 2 of 3*

**Panel C**

**Zoning Ordinance Change**

**FEE \$350**

Article No. [\_\_\_\_\_] Paragraph No. [\_\_\_\_\_] \_\_\_\_\_  
Modification or clarification to be incorporated \_\_\_\_\_

Desired outcome \_\_\_\_\_

*Attach additional pages if needed.*

**Panel D**

**Conditional Use requested.**

**FEE \$250**

Underlying Zone: [\_\_\_\_\_]

Requested Conditional Use:

\_\_\_\_\_  
\_\_\_\_\_

A Conditional Use is requested and the supporting documentation is attached.

**Panel E**

**Planned Unit Development requested.**

**FEE \$350**

A planned unit development is requested and the forms and supporting documentation are attached.

**Panel F**

**NOTE: Person signing as Owner must actually be the owner of record. Misrepresentation of ownership is grounds for denial. An agent's signature must also be accompanied by the owner's signature.**

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's printed name \_\_\_\_\_

**City of Santa Fe**  
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**Request for Action**

Agent's Signature		Date	
Agent's printed name			
Agent's address			
Agent's Telephone	(    ) ____ - ____	FAX:	(    ) ____ - ____
e-mail			