



CONDITIONAL USE PERMIT
COMMUNITY DEVELOPMENT DEPARTMENT
1203 N HUDSON/PO BOX 1188
SILVER CITY, NM 88062 CU # _____
(575) 534-6348 FAX (575) 534-6381

DATE
STAMP

A **Conditional Use Permit** is required for those uses **not** permitted in the zoning district by right designated as a "C" in Use Table 3.2 of the 2010 Land Use and Zoning Code. If a use is not allowed in a particular zone (indicated by an "X" on the Use Table) a Conditional Use Permit cannot be granted. A Conditional Use Permit request must be heard by the Planning and Zoning Commission. **The application fee is \$75.00.**

NOTE

Please fill out entire application and submit with ten (10) copies of all required documents listed below.

REQUIRED DOCUMENTS

- Site plan of project showing setbacks and footprint of all structures within property boundary;
- Proof of ownership (copy or deed);
- Paragraph explaining the reason for the conditional use request. The proposal must comply with Section 6.3.7 of the Land Use and Zoning Code

PROPERTY INFORMATION

Property information: _____

Adjacent streets: _____

Zoned (*please circle one*): Rural Res A Res B Res C Commercial Industrial

Located in floodplain: No Yes FEMA map # _____

Gross floor area of all structures located on the property: _____

LEGAL DESCRIPTION

Platted: Lot(s) _____ Block(s) _____

Subdivision/Addition _____

Section _____ Township _____ Range _____

Total area _____ square feet Property code 3-_____-_____-_____-_____
(Property code # can be obtained from the County Assessor's Office or from the tax bill)

APPLICANT INFORMATION

Name: _____ Proprietary interest in property: _____

Mailing address: _____

Phone: _____ Alternate phone: _____ Email: _____

OTHER CONTACT (Agent/Surveyor/Other)

Name: _____ Title: _____

Name of business: _____

Mailing address: _____

Phone: _____ Alternate phone: _____ Fax: _____

APPLICANT STATEMENT

“As the Applicant, I state that the information provided in this Application and all attachments are true and accurate to the best of my knowledge. I understand that inaccurate information may result in delayed review and scheduling of this item before the Planning and Zoning Commission.”

Signature of Applicant

Date

FOR STAFF USE ONLY

Fee: \$ _____ Cash/Ck. #: _____ Paid: _____ Receipt #: _____

To be heard by the Planning and Zoning Commission on _____

Decision of Planning and Zoning Commission

_____ Approved

_____ Denied

_____ Date of Planning and Zoning Commission hearing

_____ Staff initials

Conformance with conditions of approval verified:

By _____

Date _____