



DIMENSIONAL ADJUSTMENT CASE # DA _____
COMMUNITY DEVELOPMENT DEPARTMENT
1203 N. HUDSON/PO Box 1188
SILVER CITY, NM 88062 (575)534-6348 FAX (575)534-6381

DATE
STAMP

A **Dimensional Adjustment** allows a building, structure, parking area or street to be built with a minor adjustment to required dimensional standards in the Land Use Code. A **dimensional adjustment** request must be heard by the Planning and Zoning Commission.

***NOTE:** Please fill out entire application and submit with ten (10) copies of all required documents listed below. *DO NOT* include copies of applications. The application fee is \$75.00.

REQUIRED DOCUMENTS:

- Site plan of project showing setbacks and footprint of all structures within property boundary;
- Proof of ownership (copy of deed)
- Paragraph explaining the reason for the dimensional adjustment request. The proposal must comply with Section 6.3.18 of the 2010 Land Use and Zoning Code

DIMENSIONAL ADJUSTMENT to (cite section from Land Use Code): _____

PROJECTED PROJECT AND REASON FOR VARIANCE: _____

PROPERTY INFORMATION:

Property street address: _____

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- _____ - _____ - _____

(The property code # can be obtained from the County Assessor's Office or from the tax bill)

See Other Side

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 PLANNING STAFF USE ONLY

Fee: \$75.00 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 _____