



Planning & Zoning Department  
100 S Main St. Belen NM 87002  
505-966-2730

## Address Application

**No Fee**

Please provide the legal description on the application submitted to the Planning & Zoning Department. This form will serve as the official address verification for the legal description submitted.

**If you are requesting an address for a building permit, please submit the building permit using the legal description and a vicinity map showing cross streets.** For a new commercial site, and all remodels, please attach a site plan showing building footprint and the number of tenant spaces. For all utility companies' request, please attach a map showing the exact location of the proposed meter/tower. The map/site plan must be computer drawn with a north arrow. Hand drawn maps are not acceptable.

### Applicant

Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

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

Phone (W): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Type of Request

- |   |  |
|---|--|
| <input type="checkbox"/> New Address Assignment               | <input type="checkbox"/> Correction/Change to existing address |
| <input type="checkbox"/> Lot Split/Replatting of existing lot | <input type="checkbox"/> PNM request                           |
| <input type="checkbox"/> CenturyLink request                  | <input type="checkbox"/> Water Meter request                   |
| <input type="checkbox"/> Telecommunications Tower request     | <input type="checkbox"/> Cable request                         |
| <input type="checkbox"/> NM Gas Company request               | <input type="checkbox"/> Other: _____                          |

### Legal Description

Subdivision/Unit: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Tract/Parcel: \_\_\_\_\_ Zoning: \_\_\_\_\_

#### **Old/Existing Address (if applicable)**

Address: \_\_\_\_\_

\_\_\_\_\_  
*Applicant Name (printed)*                      *Date*

\_\_\_\_\_  
*Signature*

### For Office Use Only

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

**New Address:** \_\_\_\_\_