



## CITY OF BELEN PLANNING & ZONING LAND USE APPLICATION

Please check appropriate box.

**Please Print in Ink Only or Type**

ADMINISTRATIVE PERMIT	SUBDIVISION	ZONING
<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Summary Plat-Replat	<input type="checkbox"/> Annexation
<input type="checkbox"/> Manufactured Home-MHP	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Appeal
<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Conditional Use
<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Vacation of Plat	<input type="checkbox"/> Variance
<input type="checkbox"/> Other	<input type="checkbox"/> Street Name	<input type="checkbox"/> Site Plan
		<input type="checkbox"/> Zone Map Amendment
		<input type="checkbox"/> Zoning Certification
		<input type="checkbox"/> Wireless Telecommunications Facility

**Application must be complete. Please attach the appropriate checklist & Materials for the action you are requesting.**

### APPLICANT/AGENT INFORMATION

Applicant Name:		Phone:
Address:		Email:
City:	State:	Zip Code:
Deed of Ownership Verification Provided:		Letter of Authorization Provided:

### DESCRIPTION OF REQUEST: Please add additional sheet(s) if necessary.


### SITE INFORMATION: Please provide accurate legal description

Subdivision/Unit:	Block(s):	Lot(s):
Existing Zoning:	Proposed Zoning:	No. of existing lots:
No. of proposed Lots:	Total area of site:	Length & width of lot(s):

### ACKNOWLEDGEMENT

I hereby acknowledge that I have read this entire application and affirm that all information provided is correct. I agree to comply with the requirements of the City of Belen as outlined in all applicable laws, ordinances and regulations.

Print name:	Applicant:	Agent:
Signature:	Date:	

### FOR OFFICIAL USE ONLY

PROJECT #	FEE(S)	RECEIPT #