



# ZONING VARIANCE APPLICATION

CITY OF BELEN  
100 S. MAIN ST  
BELEN, NM 87002  
505-966-2730

## CONTACT INFORMATION:

Applicants or Agents \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you the Property owner? Yes \_\_\_ or No \_\_\_ If no please complete the following section:

Property Owners Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## PARCEL INFORMATION:

Property Identification Number (UPC) \_\_\_\_\_

Legal Description \_\_\_\_\_

Street Address or Location \_\_\_\_\_

Representative District \_\_\_\_\_ Present Zoning \_\_\_\_\_ Present Land Use \_\_\_\_\_

## EXPLANATION OF REQUEST

Please review Municipal Code Section 17.20.020 for a full explanation of the circumstances under which the City of Belen would consider a zoning variance.

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

## SIGNATURE OF OWNERS OF RECORD FOR THE ABOVE DESCRIBED PARCELS:

Accompanying this are all required documents. I have examined & am familiar with the zoning regulations-Chapters 17.20 and 17.24 as adopted by the City of Belen. I understand the City Council will not assure any liability for possible lack of understanding on my part. Application requires public hearings & a fee. I understand that in addition to the application fees listed below, The City will subsequently bill the applicant for public notice mailing & newspaper publication costs.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## \*OFFICIAL USE ONLY\*

Case# \_\_\_\_\_ Received Date \_\_\_\_\_ PSZ Review Date \_\_\_\_\_ Application Fee \$ \_\_\_\_\_