

TYPE OF ZONING AMENDMENT

**Text Change:** 

## **City of Belen**

## APPLICATION FOR AMENDMENT to the ZONING ORDINANCE

(updated 9/9/22)

**DESCRIPTION OF CHANGE** 

## **INSTRUCTIONS**

In accordance with applicable Statutes of the State of New Mexico, and with the City of Belen Comprehensive Zoning Ordinance, an Amendment to the Ordinance <u>may</u> be granted by the Governing Body of the City (the City Council). Type or print clearly on this form and submit to the Governing Body of the City of Belen through the City Planner. The application must be accompanied by 2 (two) full-size and 10 (ten) 11"x17" copies of an accurate Plot Plan or Survey showing: 1) the location and dimensions of the property that is the subject of the request; 2) locations of all existing or proposed structures on or adjacent to said property; 3) all streets, alleys, and easement on or adjacent to said property; and, 4) a North directional arrow, and graphic & written scales. Also include any required supplementary materials. Incomplete or inaccurate applications may delay the review process. The application must be accompanied by the appropriate information listed below.

□ Map Change:	
□ Special Use Zone:	
□ Est. of Zone w/Annexation: (Includes Initial Zoning)	
APPLICANT INFORMATION	
Property Owner:	Phone:
Mailing Address:	Email:
Applicant/Agent:	Phone:
Mailing Address:	Email:
Legal Description of Property:	
Address of Property:	
examined, am familiar with, and ha Zoning Ordinance of the City of Bo other applicable rules, regulations, and	Amendment to the Cities Comprehensive Zoning Ordinance. I have ave complied with, any and all requirements of the Comprehensive elen. I have also complied with the requirements of any and all ordinances related to property development within the City of Belen. Either the City nor any of its agents shall be held liable for any lack on my part, of any said requirements.
Signature of Property Owner:	Date:
Signature of Applicant/Agent:	Date:
Receipt by Planning & Zoning Offi	cer: Date:
Application Fee Total:	Receipt #:
Hearing Location: City of Belen Co	uncil Chambers Hearing Date & Time: