

# ZONE DETERMINATION APPLICATION



**Incomplete applications  
will not be accepted.**

**Return completed  
application to:**

**Planning Division  
Department of Building Safety  
City of Clovis  
1221 Mitchell Street  
Clovis, NM 88101  
Office/Fax (575) 763 9639**

## PROJECT TYPE

**ZONING**

**FEE: \$25.00 PER  
LOCATION**

DATE: \_\_\_\_\_

## INFORMATION

Applicant's Name:

Project Location:

Address:

Existing Use:

E-Mail:

Proposed Use:

Telephone:

Current Zoning:

Relationship to Property Owner:  
Assessor's Parcel I.D. and/or Tax I.D. Number:

Legal Description of Subject Property:

## REPRESENTATIVE / CONTACT PERSON (if other than applicant)

Name:

E-Mail:

Phone:

Address:

## OWNERSHIP

**PROPERTY OWNER** (Identify General Partners, Managing Partner, Corporation President and Secretary. Specify type of ownership interest: Fee, Real Estate Contract, Option to Purchase)

Name:

Phone:

Name:

Phone:

Address:

Address:

## OWNER CERTIFICATION

\* (Physical and Mailing)

I certify that I am an owner and the information and exhibits herewith are true and correct to the best of my knowledge in filing this application, I am acting with the knowledge and consent of all persons in interest and understand that without the consent of all persons in interest the requested action cannot lawfully be accomplished. I give my permission for authorized officials of the City of Clovis or Planning and Zoning Commission to enter the premises described in this application. I understand applications will generally be reviewed by Planning and Zoning Commission at their earliest regular session pending notice requirements.

Name:

Address:

Owner's Signature:

Phone / Email:

### \*\*\*\* STAFF USE ONLY \*\*\*\*

Received By \_\_\_\_\_

Blueline Copies of Plans \_\_\_\_\_.

Date \_\_\_\_\_ Fee Received \_\_\_\_\_

Ownership Report (subject and surrounding properties)

Project File No. \_\_\_\_\_

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

Detailed Statement of Proposed Use