

DATE  
STAMP



**CONDITIONAL USE PERMIT**

CASE # \_\_\_\_\_

**COMMUNITY DEVELOPMENT DEPARTMENT**

**1203 N. HUDSON/PO Box 1188**

**SILVER CITY, NM 88062 (575) 534-6348 FAX (575) 534-6381**

A **Conditional Use Permit** is required for those uses **not** permitted in the zoning district by right and designated as a “C” in Use Table 3.2 of the 2010 Land Use and Zoning Code. If a use is not allowed in a particular zone (indicated by an X on the Use Table) a Conditional Use Permit cannot be granted. A Conditional Use Permit request must be heard by the Planning and Zoning Commission. The application fee is \$75.00.

**\*NOTE:** Please fill out entire application and submit with ten (10) copies of all required documents listed below.

**REQUIRED DOCUMENTS:**

- Site plan of project showing setbacks and footprint of all structures within property boundary;
- Proof of ownership (copy of deed)
- Paragraph explaining the reason for the conditional use request. The proposal must comply with Section 6.3.7 of the 2010 Land Use and Zoning Code

**PROPERTY INFORMATION:**

Property street address: \_\_\_\_\_

Adjacent streets \_\_\_\_\_

Zoned (please underline one): Rural    Res A    Res B    Res C    Commercial    Industrial

Located in floodplain?     No     Yes: FEMA map # \_\_\_\_\_

Gross floor area of all structures located on the property: \_\_\_\_\_

**LEGAL DESCRIPTION:**

Platted: Lot(s) \_\_\_\_\_ Block(s) \_\_\_\_\_

Subdivision/Addition \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Total area: \_\_\_\_\_ square feet    Property code: 3- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(The property code # can be obtained from the County Assessor’s Office or from the tax bill)

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Proprietary interest in property: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_

**See other side**

**OTHER CONTACT (Agent/Surveyor/Other):**

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

Name of business: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**“As the Applicant, I state that the information provided in this Application and all attachments is true and accurate to the best of my knowledge. I understand that inaccurate information may result in delayed review and scheduling of this item before the Planning and Zoning Commission.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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**FOR COMMUNITY DEVELOPMENT STAFF USE ONLY**

Fee:\$ \_\_\_\_\_ cash/ck.# \_\_\_\_\_ Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

To be heard by the Planning and Zoning Commission on \_\_\_\_\_

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**Decision of Planning and Zoning Commission**

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

\_\_\_\_\_ Date of Planning and Zoning Commission hearing

\_\_\_\_\_ Staff initials

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Conformance with conditions of approval verified:

By \_\_\_\_\_ Date \_\_\_\_\_