



MAJOR SUBDIVISION APPLICATION **CASE # SD** _____
COMMUNITY DEVELOPMENT DEPARTMENT
1203 N. HUDSON/PO Box 1188
SILVER CITY, NM 88062 (505)534-6349 FAX (505)534-6381

DATE
STAMP

The subdivision review process is intended to ensure that new parcels are created in conformity with the requirements of state law and the standards of the Town's Land Use Code. A major subdivision is defined as a division of a single parcel into three or more parcels. A **Major Subdivision Packet** containing all applicable regulations and standards is available from the Community Development Department. All subdivisions must be approved by both the Planning and Zoning Commission and the City Council.

***NOTE:** Please fill out entire application and submit with *ten (10)* copies of all required documents, described in detail in the *Major Subdivision Packet*. Incomplete applications will not be accepted.

Name of Proposed Subdivision: _____

Name of Applicant: _____

Type of subdivision: _____ **Number of lots proposed** _____

This submission is for (please circle one): Sketch Plat Preliminary Plat Final Plat

If a **VARIANCE** is required, cite the Land Use Code requirement for which a variance is requested.

PROPERTY INFORMATION:

Property street address: _____

Adjacent streets: _____

Zoning (please circle one): Rural Res A Res B Res C Commercial Industrial

Located in floodplain? No Yes: FEMA map # _____

LEGAL DESCRIPTION (copy of deed or survey is required):

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)

Total land area covered by application: Acres _____ Square Feet _____

See other side

APPLICANT INFORMATION:

Name: _____ Proprietary interest in
property: _____

Mailing address: _____

Phone: _____ Alternate phone: _____ Email: _____

OTHER CONTACT (Agent/Surveyor):

Name: _____ Title: _____ Business: _____

Mailing address: _____

Phone: _____ Alternate phone: _____ Email: _____

APPLICANT STATEMENT

“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

FOR PLANNING STAFF USE ONLY

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

To be heard by the Planning and Zoning Commission or Council (circle one) on _____.

COMMENTS: _____