



**Zone Change (Map Amendment) CASE # ZC \_\_\_\_\_**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**1203 N. HUDSON/PO BOX 1188**  
**SILVER CITY, NM 88062 (575) 534-6348 FAX (575) 534-6381**



This application provides a means for changing the boundaries of the Official Zoning Map (zone change). The request must be heard by the Planning and Zoning Commission and the Town Council. Please fill out the application completely and submit with the following documentation.

**REQUIRED DOCUMENTS: – \*10 copies are required for each public hearing.**

- Proof of ownership – copy of deed
- Paragraph explaining the reason for the zone change request.

**The application fee is \$100.00.**

**APPLICATION DATE:** \_\_\_\_\_

**APPLICANT INFORMATION:**

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

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

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

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

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

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

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

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

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

**PROPERTY INFORMATION (property must be located within Town limits):**

Currently zoned: \_\_\_\_\_ Proposed zoning: \_\_\_\_\_

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

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

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

**LEGAL DESCRIPTION:**

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

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.)**

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As the Applicant, I state that the information provided in this Application and all attachments are 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 Commission and/or the Town Council.

\_\_\_\_\_  
Signature of Applicant Date

**FOR COMMUNITY DEVELOPMENT STAFF USE ONLY**

Fee \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

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

**Decision of Planning and Zoning Commission**

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

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

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

To be heard by the Town Council on \_\_\_\_\_