



PLAN OR PLAT AMENDMENT APPLICATION

Date:

Parcel Information				
Project Name:				
Address:			Zoning:	
Previous Appro	ovale: Purno	se of Amendment:		
Property Owner Information				
Company Nam	ne:			
Name:				
Address:	Last First		M.I.	
, idai ooo.	Street Address		Suite/Unit #	
	City		State	ZIP Code
Phone: ()	E-mail Address:			
Applicant/Agent Information (if different from owner)				
Company Name:				
Name:				
۸ - ا ماسه م	Last First		M.I.	
Address:	Street Address		Suite/Unit #	
Dhara	City		State	ZIP Code
Phone: () E-mail Address:				
Correspondence Directed to: Owner Applicant Both				
Agent Authorization (if applicable)				
I am/We are the owner(s) and record title holder(s) of the property located at:				
I/We authorize to act as my/our agent to execute this application				
Signed:		Date:		
Signed:		Date:		
Signature				
I hereby certify that the documents submitted for review and consideration by the City of Santa Fe have been prepared to meet the minimum standards outlined in the Land Development Code, Chapter 14 SFCC 2001. Failure to meet these standards may result in				

I hereby certify that the documents submitted for review and consideration by the City of Santa Fe have been prepared to meet the minimum standards outlined in the Land Development Code, Chapter 14 SFCC 2001. Failure to meet these standards may result in the rejection of my application. I also certify that I have met with the City's Current Planning staff in a preapplication meeting to verify that the attached proposal is in compliance with the City's zoning and annexation requirements.

Signature: