Preliminary Zoning Review Worksheet

City of Santa Fe Land Use Department

To Be Completed By Applicant:	Site Address:
Date Submitted:	
Property Owner of Record:	Proposed Construction Description:
Applicant/Agent Name:	
Contact Person Phone Number: ( ) -	TOTAL ROOF AREA:

Zoning District:_____

Overlay: □ Escarpment _____
□ Flood Zone*
□ Other: _____

Submittals Reviewed with PZR:
□ Legal Lot of Record □ Development Plan □ Building Plans
□ Existing Site Plan □ Proposed Site Plan □ Elevations

Supplemental Zoning Submittals Required for Building Permit:
□ Zero Lot Line Affidavit

Access and Visibility: □ Arterial or Collector**
□ Visibility Triangle Required

Use of Structure: □ Residential
□ Commercial Type of Use: _____

Terrain: □ 30% slopes_____

* Requires an additional review conducted by Technical Review Division.
** Requires an additional review conducted by the Traffic Engineering Division.

Lot Coverage :_____%
□Open Space Required:_____

Setbacks:
Proposed Front: _____ Minimum: _____
2nd Front? _____
Proposed Rear: _____ Minimum: _____
Proposed Sides: L___R___ Minimum:____

Height: Proposed _____
Maximum Height: _____ or
□ Regulated by Historic Districts Ordinance
□ Regulated by Escarpment District

Parking Spaces:
Proposed_____ Accessible_____
Minimum:_____

Bicycle Parking**:
Proposed:_____ Minimum:_____
** Commercial Requirement

THIS REVIEW DOES NOT GRANT ZONING APPROVAL FOR BUILDING PERMIT. FINAL ZONING REVIEW WILL BE PERFORMED AT THE TIME OF BUILDING PERMIT APPLICATION.

_____ **[□OWNER □APPLICANT □AGENT]**
PRINT NAME

hereby certifies that the information provided for preliminary zoning review is accurate and will not be modified without consulting Land Use Department staff prior to submittal for Historic Districts Review Board review.

_____
SIGNATURE **DATE**

To Be Completed By City Staff:

Additional Agency Review if Applicable:

□ Escarpment Approval by _____ Date: ___/___/___
□ Flood Plain Approval by _____ Date: ___/___/___
□ Traffic Engineering Approval by _____ Date: ___/___/___
Notes: _____

Zoning Approval:

□Preliminary Approval □with conditions □ Rejected
Comments/Conditions:_____
_____

REVIEWER: _____ **DATE:** ___/___/___

Original color form must be submitted with Historic Districts Review Board (HDRB) application packet.

Revised 1-14-13