**Preliminary Zoning Review Worksheet**

**City of Santa Fe Land Use Department**

### To Be Completed By Applicant:

<table>
<thead>
<tr>
<th>Date Submitted:</th>
<th>Site Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Owner of Record:</td>
<td>Proposed Construction Description:</td>
</tr>
<tr>
<td>Applicant/Agent Name:</td>
<td></td>
</tr>
<tr>
<td>Contact Person Phone Number: ( )</td>
<td>TOTAL ROOF AREA:</td>
</tr>
</tbody>
</table>

#### Zoning District:

- ☐ Escarpment
- ☐ Flood Zone*
- ☐ Other: _______________________

#### 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

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*Requires an additional review conducted by Technical Review Division.

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

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**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: ___/___/___

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