



Preliminary Zoning Review Worksheet

City of Santa Fe Land Use Department

To Be Completed By Applicant:	Site Address: _____
Date Submitted: _____	Proposed Construction Description: _____ _____
Property Owner of Record: _____	
Applicant/Agent Name: _____	
Contact Person Phone Number: () - _____	TOTAL ROOF AREA: _____
Zoning District: _____	Lot Coverage : _____ % □ Open Space Required: _____
Overlay: <input type="checkbox"/> Escarpment _____ <input type="checkbox"/> Flood Zone* <input type="checkbox"/> Other: _____	Setbacks: Proposed Front: _____ Minimum: _____ 2 nd Front? _____ Proposed Rear: _____ Minimum: _____ Proposed Sides: L _____ R _____ Minimum: _____
Submittals Reviewed with PZR: <input type="checkbox"/> Legal Lot of Record <input type="checkbox"/> Development Plan <input type="checkbox"/> Building Plans <input type="checkbox"/> Existing Site Plan <input type="checkbox"/> Proposed Site Plan <input type="checkbox"/> Elevations	Height: Proposed _____ Maximum Height: _____ or <input type="checkbox"/> Regulated by Historic Districts Ordinance <input type="checkbox"/> Regulated by Escarpment District
Supplemental Zoning Submittals Required for Building Permit: <input type="checkbox"/> Zero Lot Line Affidavit	Parking Spaces: Proposed _____ Accessible _____ Minimum: _____
Access and Visibility: <input type="checkbox"/> Arterial or Collector** <input type="checkbox"/> Visibility Triangle Required	Bicycle Parking**: Proposed: _____ Minimum: _____ ** Commercial Requirement
Use of Structure: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial Type of Use: _____	
Terrain: <input type="checkbox"/> 30% slopes _____	
* Requires an additional review conducted by Technical Review Division. ** Requires an additional review conducted by the Traffic Engineering Division.	

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

PRINT NAME [□OWNER □APPLICANT □AGENT]

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:
<input type="checkbox"/> Escarpment Approval by _____ Date: ___/___/___
<input type="checkbox"/> Flood Plain Approval by _____ Date: ___/___/___
<input type="checkbox"/> Traffic Engineering Approval by _____ Date: ___/___/___
Notes: _____
Zoning Approval:
<input type="checkbox"/> Preliminary Approval <input type="checkbox"/> with conditions <input type="checkbox"/> Rejected
Comments/Conditions: _____
REVIEWER: _____ DATE: ___/___/___