



TAOS COUNTY
SUBDIVISION VARIANCE REQUEST FORM

SD VAR No. _____
(File No.)

1. Name of Applicant _____

Address _____

Telephone No. _____ Other(s) _____

2. Name of Property Owner _____
(If other than Applicant)

Address _____

Telephone No. _____ Other(s) _____

3. Name of Subdivision: _____

4. List in detail the reason a request for a variance is needed. _____

5. Is this variance request for a planned development area? **YES NO**
(circle one)

6. If you answered "YES" to No. 5, you are required to submit a plan and program for a new town, a complete community or a neighborhood unit.

7. Has a plan and program been submitted? **YES NO**
(circle one)

8. Does the plan development address accommodate public spaces? **YES NO**
(circle one)

9. Does the plan development address improvements, for circulation (i.e. roads, bicycle paths, pedestrian walkways, etc...) ? **YES NO**
Total acreage of Subdivision _____ (circle one)

10. Does the plan development address:
Recreation **YES NO**
(circle one)
Lighting **YES NO**
(circle one)
Air **YES NO**
(circle one)
Service needs **YES NO**
(circle one)

Number of Lots _____
Zone designation _____

(NOTE: Attach documentation to this application).

11. Are covenants and other legal provisions provided to assure conformity to, and achievement of the plan? **YES NO**
(Please attach copies to this application) (circle one)

List section(s) of the ordinance that variance(s) are requested for: _____

12. Date scheduled for review by Taos County Planning Commission. _____
Date

13. Name of newspaper where public notice is to appear. _____

14. Does this variance request require state or other reviewing agencies to review? **YES NO**
(circle one)

15. List of agencies that are to review this variance request. **Date letter sent for review:**
New Mexico State Engineer's Office _____
New Mexico Environmental Department _____
New Mexico Highway and Transportation Department _____
New Mexico Game & Fish Department _____

National Forest Service _____

Local Fire Department _____

Taos County Public Works Division _____

Emergency Medical Services _____

Any other agencies deemed necessary _____
(NOTE: Attach agency responses to this application)

16. Classification of Subdivision (TYPE) _____

17. Tax Map property Code No. _____

18. Owner Identification No. _____

19. Date application for variance was submitted. _____

20. Name of staff person doing on-site examination. _____

_____ Date of inspection _____

Staff Report: _____
(give a brief synopsis of the on-site examination)

Signature (Date)

21. Has variance fee of one-hundred dollars been paid? YES NO
(ATTACH COPY OF RECEIPT TO THIS APPLICATION) (circle one)

DATE

APPLICANT'S NAME (Please Print)

FOR OFFICIAL USE ONLY

ACTION BY THE TAOS COUNTY PLANNING COMMISSION:
(Recommendation to County Commission)

Approved

Denied

Approved with conditions

Date Action Taken: _____

List Conditions: _____

Planning Commission Findings of Fact.

1. _____

2. _____

3. _____

4. _____

Reason: (List reason for granting variance)

Taos County Planning Commission Chairperson

Date