



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:	TOTAL ROOF AREA:
Contact Person Phone Number: () -	
Zoning District: _____	Lot Coverage : _____ % □ Open Space Required: _____
Overlay: □ Escarpment _____ □ Flood Zone* □ Other: _____	Setbacks: Proposed Front: _____ Minimum: _____ 2 nd Front? _____ Proposed Rear: _____ Minimum: _____ Proposed Sides: L____R____ Minimum: _____
Submittals Reviewed with PZR: □ Legal Lot of Record □ Development Plan □ Building Plans □ Existing Site Plan □ Proposed Site Plan □ Elevations	Height: Proposed _____ Maximum Height: _____ or □ Regulated by Historic Districts Ordinance □ Regulated by Escarpment District
Supplemental Zoning Submittals Required for Building Permit: □ Zero Lot Line Affidavit	Parking Spaces: Proposed _____ Accessible _____ Minimum: _____
Access and Visibility: □ Arterial or Collector** □ Visibility Triangle Required	Bicycle Parking**: Proposed: _____ Minimum: _____ <small>** Commercial Requirement</small>
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.

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.