

VILLAGE OF BOSQUE FARMS

1455 West Bosque Loop
Bosque Farms, NM 87068
(505) 869-2358 – Phone

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Peralta, NM 87042
(505) 869-3342 - Fax

CONDITIONAL USE PERMIT IN THE WELLHEAD PROTECTION OVERLAY ZONE APPLICATION

As Per Ordinance 10-1-14 and 10-1-13

Instructions: Submit this form with the applicable administrative fee along with any additional information to the Village Planning & Zoning Administrator/Officer at least twenty (20) days prior to the scheduled Planning & Zoning meeting.

Type of Conditional Use Permit Requested: Limited Permanent

Applicant _____

If applicant is not the property owner, a notarized statement from the property owner must accompany this application.

Mailing Address _____

Conditional Use _____

Permit Address _____

Telephone _____

Day _____ Evening _____

Agent/Representative
(if applicable) _____

Address _____

Telephone _____

Day _____ Evening _____

Zoning of Property _____

Directions to _____

Property _____

Purpose of _____

Conditional Use _____

Permit (be specific) _____

I DO HEREBY CERTIFY that the statements I have made on this Application are true and correct to the best of my knowledge.

Applicant(s)' Signature _____ Date _____

SUBSCRIBED AND SWORN TO before me _____

My Commission Expires _____

Notary Public

10-1-14.D. Guidelines.

A sketch plan must be submitted which shows the

following information:

	Shown	Not Shown	Additional Information
1. Ingress and egress to the property;	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structures or proposed structures on the property;	<input type="checkbox"/>	<input type="checkbox"/>	_____
Automotive and pedestrian safety;	<input type="checkbox"/>	<input type="checkbox"/>	_____
Traffic flow and control;	<input type="checkbox"/>	<input type="checkbox"/>	_____
Access in case of fire or catastrophe; and	<input type="checkbox"/>	<input type="checkbox"/>	_____
If property is located on Bosque Farms Blvd. (NMSR 47), written documentation showing that the NMDOT has been notified of the new use.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Off-street parking and loading areas, with particular attention to refuse and service areas;	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Public and private utilities with reference to locations, availability and compatibility.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Please answer the following questions:			
Will there be noise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will there be glare?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will there be odor?	<input type="checkbox"/>	<input type="checkbox"/>	_____
What are the economic effects of this Conditional Use Permit to adjoining properties?			_____
5. Will this Conditional Use be generally compatible with adjacent properties and other property in the district?			_____

10-1-13.E. Special Conditions.

The Site Plan shall address the following

information:

5.a. Any subsurface disposal of waste material;	_____
5.b. Proposed earth moving operations which alter slope or composition of soil;	_____
5.c. Proposed methods of conveying water from paved surfaces; and	_____
5.d. Any proposed diversion of surface or groundwater.	_____
6. Are there any abandoned well(s) on the property?	_____
Have the well(s) been filled and plugged?	_____
7. Does the facility adhere to appropriate state and federal standards for storage, handling and disposal of any hazardous waste material?	_____
8. Are there acceptable contingency plans for preventing hazardous materials from contaminating the underlying aquifer?	_____

For Village Office Use Only

Date Application Received _____

Received By _____

Administrative Fee Paid _____ Receipt # _____

Date of Publication _____

Date of Planning & Zoning Commission Public Hearing _____

Planning & Zoning Commission Recommendation _____

Restrictions (if applicable) _____

_____ Chairman, Planning & Zoning Commission

Date of Governing Body Public Meeting _____

Governing Body's Decision _____

Restrictions (if applicable) _____

Mayor _____