



**APPLICATION FOR  
DEVELOPMENT  
REVIEW**

DR #: \_\_\_\_\_

P.O. Box 3610  
171-A State Rd. 344  
Edgewood, NM 87015  
PHONE: 505-286-4518  
FAX: 505-286-4519

**INSTRUCTIONS**

In accordance with Section 7, Edgewood Zoning Ordinance, no building or structure shall be erected nor mobile home installed within the Town without being reviewed by the Zoning Office.

**AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT**

**APPLICANT INFORMATION**

**Landowner**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address of Property: \_\_\_\_\_  
Assessor Parcel ID: \_\_\_\_\_ Zoning: \_\_\_\_\_

<b>Description of Proposed Development:</b> _____ _____ _____		
<b>Total Square Footage including porches:</b> _____		
<b>PRIME CONTRACTOR INFORMATION: BUSINESS/OWNER NAME:</b> _____		
<b>CONTACT PERSON:</b>	<b>PHONE:</b>	
<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>

Three sets of construction plans  
One site plan  
State Building Permit State Permit for Liquid Waste System  
Water Service Company: \_\_\_\_\_  
Hydrant location: \_\_\_\_\_

I hereby acknowledge that I have read this application and information submitted herein and state that it is correct. I agree to comply with all ordinances and laws regulating construction in the Town of Edgewood and agree to comply fully with the 1997 Uniform Fire Code as interpreted by the Santa Fe County Fire Marshall.

**Applicant Signature:** Check one:  Owner  Contractor  Other  
**X:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_  
GRADING & ACCESS FEES: \_\_\_\_\_  
IMPACT FEES ASSESSED: \_\_\_\_\_  
DEVELOPMENT REVIEW FEES: \_\_\_\_\_  
AMOUNT RECEIVED: \_\_\_\_\_