

Administrative Waiver

Los Alamos County Community Development Department
1000 Central Ave, Suite 150, Los Alamos NM 87544
(505) 662-8120

1. APPLICANT

Name: _____ Phone: _____ Cell #: _____ Fax: _____

Address: _____ E-Mail: _____

2. ADDRESS

List the address at which this application applies. If no address has been assigned to the location, please indicate by other means such as subdivision name and lot number.

Address: _____

3. TYPE OF PROPERTY

Please check only one box: Residential Commercial Mixed Use

4. TYPE OF APPLICANT

Who is applying for this permit? Property owner Agent for the owner Renter or lessee

(If "Agent" explain relationship to Owner or Renter/lessee.)

5. OWNERSHIP INFORMATION

Name: _____ Phone: _____ Cell #: _____ Fax: _____

Address: _____ E-Mail: _____

Please attach proof of ownership such as a deed, purchase agreement, or tax bill.

6. AGENT/RENTER OR LESSEE OR Not applicable

Name: _____ Phone: _____ Cell #: _____ Fax: _____

Address: _____

7. DESCRIPTION OF THE PERMIT REQUEST

Does the request relate to an existing condition for which you seek approval, or to new work which you wish to perform?

Existing condition Proposed work

If the application is for an existing condition, how long has it existed and who was responsible for creating the condition? Please describe the nature of the request and the specific sections of the Development Code from which you seek relief.

8. PROPERTY RELATIONSHIP TO OTHER PLANS OR COVENANTS

Is your property part of a larger site plan or master-planned development or subject to special covenants such as those imposed by a homeowners association? Yes No

(If "Yes" please explain.)

9. LOCATION PLAN

Attach a scaled plot plan or survey of your property showing boundaries, any existing and proposed structures, and adjacent streets. Clearly show the area of the proposed waiver or administrative deviation with dimensions clearly marked.

10. CRITERIA QUESTIONNAIRE FOR ADMINISTRATIVE DEVIATIONS

The Community Development Director may administratively approve minor dimensional deviations of 12 inches or less from the provisions of Chapter 16 or a deviation in the number of required off-street parking spaces amounting to one percent or less of the spaces otherwise required. **Please indicate below how the granting of your request will not result in any negative health or safety impacts on the community or negatively impact neighboring properties. In support of your application, you may also attach one or more letters from abutting neighbors who would be affected by the granting of your request.**

11. PROPERTY OWNER'S CERTIFICATION & SIGNATURE

I hereby acknowledge that I have read the contents of this application packet, and that the information supplied in this application is correct. I further agree not to start construction or authorize others to start until the application has been approved.

Sign and Date: _____

12. APPLICANT'S STATEMENT & SIGNATURE (IF DIFFERENT FROM PROPERTY OWNER)

I hereby acknowledge that I have read this application and accompanying information and obtained the owner's approval to submit this application. I further state that the information in this application is correct and that I agree not to do any work covered by this application until and unless it is approved.

Sign and Date: _____

13. Fee Payment \$25: Check payable to **Los Alamos County**