



Community Development—Planning

1000 Central Ave, Suite 150 Los Alamos, NM 87544 505.662.8120 planning@lacnm.us

## **DEVELOPMENT APPLICATION**

PROJECT INFORMATION				
Title:				
Project Address:				
Description:				
•	Site Plan* \$500 plus \$75 per/Million \$ estimated construction cost  Estimated Construction Cost:  Major Site Plan Amendment* \$500  Minor Site Plan Amendment \$250  Major Zone Map Amendment* \$150  No fee if initiated by County Council or County Manager  Minor Zone Map Amendment* \$150  No fee if initiated by County Council or County Manager  Master Plans* (Major, Minor) \$250  Text Amendment* \$150  No fee if initiated by County Council or County Manager  Variance \$250  No fee if application is a part of a Site Plan review  Administrative Wireless Telecommunication Facility \$250  Discretionary Wireless Telecommunication Facility* \$500  Small Wireless Facility \$250  Major Historic Demolition* \$250  Major Historic Property Alteration Certification* \$250  Minor Historic Property Alteration Certificate \$250			
Lighting Plan\$500				
* Application reviews require a pre-application meeting.				

PROPERTY & OWNER INFORMATION				
Property				
Address:	ity <u> </u>	State	ZIP	
Zoning District:	Lot Size - Acres / Sq. F	t.:		
Existing Structure(s) Sq. Ft.:	Lot Coverage:			
Property Owner(s) Name:				
Owner(s) Email:				
Owner(s) Phone(s)#:				
Owner's Address same as Property Address				
Owner(s)				
Address:	City S	State	ZIP	
APPLICANT / OWNER'S AGENT INFORMATION				
Applicant is same as Owner				
Applicant Name:				
Applicant				
Address:	ity S	State	ZIP	
Applicant Email:				
Applicant Phone(s)#:				
ASSOCIATED APPLICATIONS				
Application Type:				
Case Number:				
I hereby certify and affirm, under penalty of perjury, that the information I have provide in this application is true and accurate to the best of my knowledge, information, and belief. [NMSA 1978, §30-25-1]				
Signature:	Date:			
STAFF USE ONLY				
Date Received:	Staff:			
Case No.#:	Meeting Date:			
SUBMITTALS				
Proof of Ownership or Letter of Authorization from Owner Items from associated Application Checklist	Complete Application Payment – Accepted application - Date:	d upon verification o		



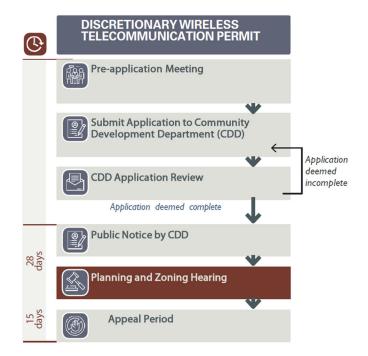
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## DISCRETIONARY WIRELESS TELECOMMUNICATION CHECKLIST

Applicants for all development application reviews must complete this checklist and submit it with the Development Application. Refer to the referenced code sections for additional information. Contact the Planning Division with questions regarding these requirements: <a href="mailto:planning@lacnm.us">planning@lacnm.us</a>.

	LICATION MEETING
Date Held	:
SITE PLA	N
Site Plat at the follow	t a minimum scale of 1" = 100' that illustrates ring:
Properi Existing Existing Existing Existing Means Landsc	c Scale and North Arrow  ty Lines according to recorded survey g and proposed structures g and proposed easements g and proposed setbacks g and proposed utility lines of access caping, if the facility is freestanding sed lighting
ELEVATIO	ONS
indicates:  Height  Materia	drawing(s) at a minimum scale of 1/8" = 1' that  (above existing grade) of all four sides.  als and colors  sed lighting
	FRAGE
LOT COV	LIVAUL
LOT COV	%):
Existing (9 Proposed	%):



See Reverse.

Revision-Jan2023 Code Reference: 16-74 (c)

a. The proposed telecommunications facilities are necessary to close a demonstrated significant gap in se coverage of the applicant based on actual signal strength data for the area where the gap is claimed an the type of gap claimed. Explain.	
Staff finds that this criterion has been met  Staff finds that this criterion has not been met – more information is needed	
b. The applicant has demonstrated that no other less intrusive means or alternative to the proposed telecommunications facilities design is practicable. Explain.	
Staff finds that this criterion has been met  Staff finds that this criterion has not been met – more information is needed	
c. The applicant has demonstrated that no higher priority location per Sec. 16-1-(j)(2) is practicable. Explain	l.
Staff finds that this criterion has been met  Staff finds that this criterion has not been met – more information is needed	

Attach additional sheets, if needed.

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