

### **Preliminary Zoning Review (PZR)**

All applications other than window or door replacement, reroofing, and restuccoing must include a review by the zoning officials in the Land Use Department regarding potential zoning issues with your project. You may call and make an appointment with Dan Esquibel (955-6587) **prior to the HDRB SUBMITTAL DEADLINE** and have the enclosed **Preliminary Zoning Review (PZR) Worksheet** completed by zoning staff, or come during Zoning walk-in hours.

#### ***Zoning Walk-In Hours:***

*Mondays 1:30pm to 4:30pm*

*Fridays 8:30am to 11:30am*

The Preliminary Zoning Review does not provide final zoning approval of a project. Rather, it is intended to identify any potential zoning issues early in the design phase. Preliminary zoning review is based on information provided by the applicant. Applicants are advised to pursue an independent search of official documents to verify property restrictions and applicable codes.

#### **Submittal Requirements for Zoning Review:**

- Preliminary Zoning Review Worksheet (with blue box completed)
- Legal Lot of Record
- Scaled site plan depicting property lines, easements, access, existing and proposed improvements, parking, walls and/or fences, and building and lot square footage.
- Dimensioned scaled building elevations.

Once zoning staff has reviewed your submittals, the plan set will be stamped and initialed to confirm zoning review of the plans to Historic Preservation Division staff.



# Preliminary Zoning Review Worksheet

City of Santa Fe Land Use Department

<b>To Be Completed By Applicant:</b>	<b>Site Address:</b>
<b>Date Submitted:</b>	<b>Proposed Construction Description:</b>
<b>Property Owner of Record:</b>	
<b>Applicant/Agent Name:</b>	
<b>Contact Person Phone Number: ( ) -</b>	<b>TOTAL ROOF AREA:</b>
<b>Zoning District:</b> _____	<b>Lot Coverage :</b> _____ % <input type="checkbox"/> Open Space Required: _____
<b>Overlay:</b> <input type="checkbox"/> Escarpment _____ <input type="checkbox"/> Flood Zone* <input type="checkbox"/> Other: _____	<b>Setbacks:</b> Proposed Front: _____ Minimum: _____ 2 <sup>nd</sup> Front? _____ Proposed Rear: _____ Minimum: _____ Proposed Sides: L _____ R _____ Minimum: _____
<b>Submittals Reviewed with PZR:</b> <input type="checkbox"/> Legal Lot of Record <input type="checkbox"/> Development Plan <input type="checkbox"/> Building Plans <input type="checkbox"/> Existing Site Plan <input type="checkbox"/> Proposed Site Plan <input type="checkbox"/> Elevations	<b>Height:</b> Proposed _____ Maximum Height: _____ or <input type="checkbox"/> Regulated by Historic Districts Ordinance <input type="checkbox"/> Regulated by Escarpment District
<b>Supplemental Zoning Submittals Required for Building Permit:</b> <input type="checkbox"/> Zero Lot Line Affidavit	<b>Parking Spaces:</b> Proposed _____ Accessible _____ Minimum: _____
<b>Access and Visibility:</b> <input type="checkbox"/> Arterial or Collector** <input type="checkbox"/> Visibility Triangle Required	<b>Bicycle Parking**:</b> Proposed: _____ Minimum: _____ ** Commercial Requirement
<b>Use of Structure:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial Type of Use: _____	
<b>Terrain:</b> <input type="checkbox"/> 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.

\_\_\_\_\_  
PRINT NAME [ ☐ OWNER ☐ APPLICANT ☐ AGENT ]

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