

Project Property Address: \_\_\_\_\_

City Planning & Zoning Coordinator: Crystal R. Ball, CFM, CZO Email- <u>cball@lovington.org</u> Phone: (575) 396-9301

## **City Summary Re-plat Approval**

The following check list provides additional requirements for your specific application. Please attach all of the requested documentation, sign, and date.

## **Approval Requirements**

| legible in order to process the application. This document pro                                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
|                                                                                                                       | Date paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |
|                                                                                                                       | ill meet this requirement. If the applicant is not the owner, an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |
| Submit a draft replat for review by the Planning and Zoning C                                                         | lanning and Zoning Coordinator.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |
| All applicable requirements from Lovington Municipal code c                                                           | hapter 16.06 are meet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |
| Chapter 16.06.020 of the Lovington Municipal Code and applicable New Mexico                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |
| Owner is responsible for filling of the signed re-plat with the L returning a copy of the filled re-plat to the City. | ea County Clerk office and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |
| plicant Name:                                                                                                         | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |
| plicant Signature:                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |
| eliminary Plat Approval                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |
| nning, Zoning, Code, or Staff Name:                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |
| nature:                                                                                                               | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |
|                                                                                                                       | legible in order to process the application. This document proinformation required for all permitting applications.    Payment of the appropriate subdivision fee \$    Provide proof of ownership or interest in the property. A deed property lease will meet this requirement. If the applicat Affidavit by Property Owner(s) is required.    Submit a draft replat for review by the Planning and Zoning C    All applicable requirements from Lovington Municipal code c    Submit two copies of the re-plat and supplemental informat    Chapter 16.06.020 of the Lovington Municipal Code and Surveying Law.    Owner is responsible for filling of the signed re-plat with the L    returning a copy of the filled re-plat to the City.    plicant Name: | Payment of the appropriate subdivision fee \$ |

| <b>Final Plat Approval</b> |
|----------------------------|
|----------------------------|

Planning, Zoning, Code, or Staff Name:\_\_\_\_\_

Signature:\_\_\_\_\_

Date: \_\_\_\_\_

Notes or recommendations to applicant from City Staff on additional pages if required.