

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 \$

Final Plat Approval

Planning, Zoning, Code, or Staff Name:_____

Signature:_____

Date: _____

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