

BERNALILLO COUNTY

Planning & Development Services
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ZONING SECTION

REQUEST FOR STATEMENT OF ZONAL CERTIFICATION

PROPERTY OWNER'S NAME			PHONE
OWNER'S ADDRESS	CITY	STATE	ZIP

APPLICANT'S NAME			PHONE
APPLICANT'S ADDRESS	CITY	STATE	ZIP

SITE ADDRESS		
DIRECTIONS		
LEGAL DESCRIPTION		
ZONE MAP	CURRENT ZONE(S)	PROPERTY SIZE IN ACREAGE
UPC #		
EXISTING BUILDING & USE		

STATEMENT INFORMATION:
(check one)

GENERAL CERTIFICATION
ATF
DAYCARE

USE-SPECIFIC CERTIFICATION
(please explain)

STATEMENT SHOULD BE ADDRESSED TO:

NAME			
MAILING ADDRESS	CITY	STATE	ZIP

ALL CERTIFICATION STATEMENTS WILL BE SENT BY MAIL UNLESS OTHERWISE NOTED:

- ___ Fax a copy to _____
___ Contact when completed; applicant will pick up certification statement
___ E-Mail to _____

Applicant's signature

Date