





Som Marios Association  Development Permit Number  Project Manager/Type/Date Received  Dom   Appeal   5-2-2021
Development Fees Paid   Y   N Amount: Fire Impact Fee Paid   Y   N Amount: Total Fees Paid   200.0
t administrative inspections will be charged a minimum \$25.00 (ee)
For official use only
Type of Development Permit:
(Indicate all that apply)
☐ Site Dev. Plan ☐ Conceptual Plan ☐ Conceptual Use ☐ Residential Bldg. Plan ☐ Commercial Bldg. Plan ☐ Accessory Structure ☐ Driveway
□ Lot Line Adj. □ Summary Rev Sub. □ Major Sub. □Minor Sub. □Com. Sub. □Sprinkler/Alarm □ Mobile Home □Solar Other □ PDE
Wildland Hazard Rating:
Fire Protection Water Source:
Mailing Address: P.O. Box 721 Cerrillus, NA PASSOCIATION Zip: 87010  Rural address of Project: 4/52 NM 14  Written Directions to Project Site: Appeal of Santa Ft County Planning Commission  Final Orier in CASE # 84-5200 - Rancho V, ejo LLC Cup applied  for 96 Month Solar Facility on 684 1/- acms of an 828 acm that
Five Oaled in Ast Hours
ly 96 Month Solon Fritz W4-3200 - KANCHO V, ejo LLC CUP applie
To watt solar factify on 684 % acms of an 928 acm that
Gate Code
Cell Phone: Email address In for the San manos association.ord
Contractor/Company Name: The San Marcus Association Address: PO Box 722 Cenilos un 870,0
Cell Phone: ( Contractor's License #
PROJECT DESCRIPTION: AES Appeal & STCP Fredorder cale #24-5200 regarding cup  Section: 2-9 Township: 15 N Range: 9E Commission District Parcel ID:  UPC Number: Plat Book: Page: Date Recorded:  Warranty Deed Instrument #: Date Recorded: Subdivision Name:
Acreage: U & 4 Estimated Completion Date: Valuation:
Proposed Number of Dwellings Onsite: Existing: Total:
Proposed Number of Lots Onsite: Existing: Total:
Proposed Roofed Area Sq. Ft.: Existing Roofed Area Sq. Ft.: Total Roofed Area Sq. Ft:
Lot Number: Phase: Affordable Unit:  Yes No All Weather Access: Yes No* (*Access improvements required)
County Road: U Yes U No (Access Permit DPW required) Legal Access: U Yes U No
FEMA 100-year floodplain:  Yes* No Zone Panel Number: D (*Floodplain Dev. Permit required)
NMED Septic Permit:    Yes    No Community Sewer System    Yes    No Water Restrictions:    Yes*
Shared Well: Yes* X No *Share Agreement Inst. # Well Meter Reading:
Well Permit # Well Meter Serial Number: Meter Type Unit of Measure:
Community Water System:
Proof of Taxes:  Yes No (SLDC Zoning): A/R RUR RUR RUR-F MRUR-R RES-F RES-F RES-C TC CN CO CN CO IL I MU PD
Owner Acknowledgment or Authorized Representative: Signature:  Date: 05-02.2  By signing I acknowledge all information is true and accurate, and I authorize Santa Fe County staff to conduct necessary inspections on my property as related to this permit application. I agree and I understand that the issuance of any subsequent permits does not prevent the Santa Fe County Fire Prevention Division from requiring additional compliance with the provisions of the Santa Fe County Fire Code as adopted by the Board of County Commissioners.
Type of Permit Issued:
Approved By:
Redlines  Yes  No Inspections Conducted:  Initial  Pre-Final Final Certificate of Completion  Yes  No

CANNED