City of Albuquerque Planning Department
Property Owner Notice Form for Temporary Use Permit

[Note: Items with an asterisk (*) are required.]

_______________________________________
[Date*]

_______________________________________
[Name* of Abutting Property Owner]

_______________________________________
[Address* of Property Owner]

RE: Public Notice of Temporary Use Permit

Dear _____________________________________________________ [Name* of Property Owner],

In accordance with the procedures of the City of Albuquerque’s Integrated Development Ordinance (IDO) Subsection 14-16-6-5(D)(2), this is written notice to you as an abutting Property Owner that an application for a Temporary Use Permit will be submitted to the City of Albuquerque Planning Department for a property next to you. This application will be reviewed and decided by the City of Albuquerque Planning Department staff, available by email at codeenforcement@cabq.gov.

1. Property Owner of Subject Property*______________________________________________
2. Agent* [if applicable] ___________________________________________________________
3. Subject Property Address*_______________________________________________________
4. Location Description ___________________________________________________________
6. Legal Description _____________________________________________________________
7. Area of Property [typically in acres] _____________________________________________
8. IDO Zone District ______________________________________________________________
9. Overlay Zone(s) [if applicable] ________________________________________________
10. Center or Corridor Area [if applicable] __________________________________________
11. Current Land Use [vacant, if none] _____________________________________________
12. Deviations Requested [if applicable] ____________________________________________
13. Variances Requested [if applicable] _____________________________________________

The application will request the temporary use for the following land uses and/or activities:

____________________________________________________________________________________
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The application will request that the temporary use be allowed for the following duration:

_______________________________________________________ [ex: number of days/months/years].

This temporary use will operate in the following days and times:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

NOTE: Anyone may request and the City may require an applicant to attend a City-sponsored facilitated meeting with Neighborhood Associations, based on the complexity and potential impacts of a proposed project [IDO Subsection 14-16-6-4(D)]. To request a Facilitated Meeting regarding this project, contact the Planning Department at devhelp@cabq.gov or 505-924-3955. To view and download the Facilitated Meetings Criteria, visit http://www.cabq.gov/planning/urban-design-development/facilitated-meetings-for-proposed-development.

Please contact me with any questions or concerns at ______________________ [phone number*] or via _________________________________________________________________________ [email*].

More information about the project can be found here: [project webpage*, if applicable]

____________________________________________________________________________________

Useful Links

Integrated Development Ordinance (IDO):
http://www.cabq.gov/planning/codes-policies-regulations/integrated-development-ordinance

IDO Interactive Map
https://tinyurl.com/IDOzoningmap

Sincerely,

________________________________________________ [Agent/Property Owner/Developer/Operator]

Cc: ___________________________________________ [Other Property Owners, if any]