

# THE PLANNING, ZONING AND HISTORICAL APPROPRIATENESS COMMISSION (PZHAC) WILL HOLD A REGULAR MEETING AT THE MESILLA TOWN HALL, 2231 AVENIDA DE MESILLA.

#### MONDAY SEPTEMBER 19, 2022, AT 6:00 P.M AGENDA

- 1. PLEDGE OF ALLEGIANCE
- 2. ROLL CALL AND DETERMINATION OF A QUORUM
- 3. CHANGES / APPROVAL OF AGENDA

#### 4. PUBLIC INPUT

The public is invited to address the commission for up to 3 minutes. You can also email your comments to <u>joep@mesillanm.gov</u> at least twenty-four (24) hours prior to the meeting.

#### 5. APPROVAL OF CONSENT AGENDA

Note: Items on the Consent Agenda, indicated by an asterisk (\*), will be voted on with one motion unless a commissioner requests that a specific item be removed for discussion.

a. \*PZHAC MINUTES: September 6, 2022, Regular Meeting Minutes

#### 6. NEW BUSINESS

- **a.** <u>PZHAC Case #061231</u> –2360 Calle Principal submitted by Cheryll Blevins to repair existing adobe wall, **Zoned: Historical Commercial (HC).**
- b. <u>PZHAC Case #061235</u> 1912 Calle de Santiago submitted by Robert Tustin to repair adobe wall, **Zoned: Historical Commercial (HC).**
- c. <u>PAHZC Case #061431</u> 3367 Estrada Rd. submitted by Oscar Gomez to replace existing doors, windows, and build new front and back patios, **Zoned: Rural Farm (RF)**
- **d.** <u>PZHAC Case #061440</u> 2242 Calle de Sur submitted by Henry Lucero to put up field fence on property, **Zoned: Historical Residential (HR).**
- e. <u>PZHAC Case #061452</u> 2282 Calle de Oeste submitted by Mariana Gallegos to place a temporary storage box on the property, **Zoned: Historical Residential (HR)**.
- **f.** PZHAC Case #061453 1910 Calle de Parian submitted by Lillian Grijalva to repair adobe wall, Zoned: Historical Commercial (HC).
- g. <u>BL #1027</u> submitted by Dina Marre for a business license for house cleaning.
- h. <u>PZHAC Case#061454</u> 2128 Calle de los Huertos submitted by Helen Williamson Revocable Trust to relocate well water circuit, **Zoned: Historical Residential (HR).**
- i. <u>PZHAC Case #061455</u> 3116 Hwy 28 submitted by Lama Properties, LLC, to finish remodel to existing structure, **Zoned: Residential Agricultural (RA).**
- j. <u>PZHAC Case #061456</u> 3038 Los Arenales submitted by Jerry Gonzalez to install HVAC furnace to dwelling, **Zoned: Rural Farm (RF).**
- **k.** PZHAC Case #061457 2415 Calle de Parian submitted by Robert Reynolds to install Solar system, Zoned: Historical Residential (HR)

#### 7. COMMISSIONERS / STAFF COMMENTS

#### 8. ADJOURNMENT

#### NOTICE

If you need an accommodation for a disability to enable you to fully participate in the hearing or meeting, please contact us at 524-3262 at least 48 hours prior to the meeting.

Posted on 9/13/2022 at the following locations: Town Hall - 2231 Avenida de Mesilla; Public Safety Building - 2670 Calle de Parian; Mesilla Community Center - 2251 Calle de Santiago; Shorty's Food Mart - 2290 Avenida de Mesilla; Ristraman - 2531 Avenida de Mesilla, and the U.S. Post Office - 2253 Calle de Parian.

| 1      |    |                                                                                                     |
|--------|----|-----------------------------------------------------------------------------------------------------|
| 2      |    |                                                                                                     |
| 3<br>4 |    | Town of Mesilla, New Mexico                                                                         |
| 5      |    |                                                                                                     |
| 6      |    |                                                                                                     |
| 7      |    |                                                                                                     |
| 8      |    |                                                                                                     |
| 9      |    |                                                                                                     |
| 10     |    | THE PLANNING, ZONING AND                                                                            |
| 11     |    | HISTORICAL APPROPRIATENESS COMMISSION (PZHAC)                                                       |
| 12     |    | TUESDAY, SEPTEMBER 6, 2022, 2022, 6:00 PM                                                           |
| 13     |    |                                                                                                     |
| 14     |    | MINUTES                                                                                             |
| 15     |    | · · · · · · · · · · · · · · · · · · ·                                                               |
| 16     | 1. | PLEDGE OF ALLEGIANCE                                                                                |
| 17     |    |                                                                                                     |
| 18     |    | Commissioner Lucero led the Pledge of Allegiance.                                                   |
| 19     |    |                                                                                                     |
| 20     | 2. | ROLL CALL AND DETERMINATION OF QUORUM                                                               |
| 21     |    |                                                                                                     |
| 22     |    | Commissioner Jones, Lucero, Nevarez, present via zoom, Salas, and Walkinshaw present.               |
| 23     |    |                                                                                                     |
| 24     | 3. | CHANGES/APPROVAL OF THE AGENDA                                                                      |
| 25     |    |                                                                                                     |
| 26     |    | None. Motion to approved was made by Commissioner Jones and seconded by Commissioner                |
| 27     |    | Nevarez.                                                                                            |
| 28     |    |                                                                                                     |
| 29     |    | Roll Call Vote:                                                                                     |
| 30     |    | Commissioner Jones- yes                                                                             |
| 31     |    | Commissioner Lucero- yes                                                                            |
| 32     |    | Commissioner Salas- yes                                                                             |
| 33     |    | Commissioner Nevarez- yes                                                                           |
| 34     |    |                                                                                                     |
| 35     | 4. | PUBLIC INPUT                                                                                        |
| 36     |    |                                                                                                     |
| 37     |    | Susan Krueger spoke in reference to 6.Q which is the request of the Black Rat Tattoo phase 2 and    |
| 38     |    | is requesting it be established when it was approved. If it was over 6 months ago it would need to  |
| 39     |    | go to the planning and zoning as a new case. There is also a structure going up at 2001 Avenida     |
| 40     |    | de Mesilla case #061336, according to code 18.45.040j, this structure has to comply with the        |
| 41     |    | town's architectural styles and design standards and Ms. Kreuger is asking for the contractor to    |
| 42     |    | supply that information to both you, staff and the public. Mr. Padilla added that this is a Nevarez |
| 43     |    | property and is a previous case and is not on the agenda.                                           |
| 44     |    |                                                                                                     |
| 45     | 5. | APPROVAL OF CONSENT AGENDA                                                                          |
| 46     |    |                                                                                                     |
| 47     |    | Motion to approve consent agenda was made by Commissioner Nevarez and seconded by                   |
| 48     |    | Commissioner Jones.                                                                                 |
| 49     |    |                                                                                                     |
| ГΛ     |    | Dell Cell Votes                                                                                     |

50 51 Roll Call Vote:

Commissioner Jones - Yes

| 52       |    | Commissioner Lucero - Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 53       |    | Commissioner Salas- Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 54       |    | Commissioner Nevarez- Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 55       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 56<br>57 |    | Motion approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 58       | 6. | NEW BUSINESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 59       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 60       |    | a. BL #1005- 2060 Calle de Parian submitted by Bader Jouda of Cannabis Tropic LLC for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 61       |    | Cannabis Dispensary license, <b>Zoned: Historical Commercial (HC)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 62       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 63       |    | Motion to approve was presented by Commissioner Jones and seconded by Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 64<br>65 |    | Salas.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 65       |    | Ct. Ct. accounts 1 forts of the company of the comp |
| 66       |    | Staff presented facts of the case. Discussion followed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 67       |    | Doll Call Votes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 68       |    | Roll Call Vote: Commissioner Jones - Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 69<br>70 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 70       |    | Commissioner Walkinshaw – yes Commissioner Salas - No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 71<br>72 |    | Commissioner Lucero – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 72<br>73 |    | Commissioner Nevarez – No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 73<br>74 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 74<br>75 |    | Motioned passed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 75<br>76 |    | ryottoned passed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 70<br>77 | a. | BL #1006- 2060 Calle de Parian submitted by Bader Jouda of Cannabis Tropic LLC for Cannabis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 78       | a. | Dispensary license, Zoned: Historical Commercial (HC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 79       |    | Dispensary needs, 20nea. This orear commercial (TC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 80       |    | Motion to approve was presented by Commissioner Jones and seconded by Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 81       |    | Walkinshaw.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 82       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 83       |    | Staff presented facts of the case. Discussion followed. Case will be tabled.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 84       |    | State prosenied facts of the case. Biscussion followed. Oase will be tabled.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 85       |    | Roll Call Vote:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 86       |    | Commissioner Jones – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 87       |    | Commissioner Walkinshaw – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 88       |    | Commissioner Salas – No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 89       |    | Commissioner Lucero – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 90       |    | Commissioner Nevarez – No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 91       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 92       |    | Motioned to table this case- passed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 93       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 94       | b. | BL #1005- 2060 Calle de Parian submitted by Bader Jouda of Cannabis Tropic LLC for Cannabis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 95       |    | Business license, Zoned: Historical Commercial (HC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 96       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 97       |    | Motion to approve was presented by Commissioner Jones and seconded by Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 98       |    | Lucero.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 99       |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 100      |    | Staff presented facts of the case. Discussion followed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 101      |    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 102      |    | Roll Call Vote:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| 102        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 103        |     | Commissioner Jones – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 104        |     | Commissioner Walkinshaw – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 105        |     | Commissioner Salas – No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 106        |     | Commissioner Lucero – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 107        |     | Commissioner Nevarez – No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 108        |     | TATE (1).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 109        |     | Motion passed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 110        |     | Ci Dameit #0(11422 - 2000 Calla da Davisa autorita da D. 1. 1. 1. (Calla da T. T. 1. 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 111        | c.  | Sign Permit #0611433 – 2060 Calle de Parian submitted by Bader Jouda of Cannabis Tropical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 112        |     | LLC to put up temporary coming soon sign in the window, <b>Zoned: Historical Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 113        |     | (HC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 114        |     | Matin to the second of the sec |
| 115        |     | Motion to approve was presented by Commissioner Jones and seconded by Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 116        |     | Lucero.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 117        |     | C4-CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 118        |     | Staff presented facts of the case. Discussion followed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 119        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 120        |     | Roll Call Vote:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 121        |     | Commissioner Jones – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 122        |     | Commissioner Walkinshaw - Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 123        |     | Commissioner Salas – No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 124        |     | Commissioner Lucero – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 125        |     | Commissioner Nevarez – No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 126        | 3.4 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 127<br>128 | IVI | otion passed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 128        | a   | DI #1015 1745 Avanida da Marcada submittad bu Caul D. Duraina Malinar afil a Causa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 130        | u.  | BL#1015 – 1745 Avenida de Mercado submitted by Saul D. Burciaga-Molinar of Las Cruces                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 131        |     | Primary Care for a business registration. <b>Zoned: Historical Commercial (HC).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 131        |     | Motion to approve was presented by Commissioner Neverses and seconded by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 132        |     | Motion to approve was presented by Commissioner Nevarez and seconded by Commissioner Jones.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 134        |     | Commissioner Jones.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 134        |     | Staff presented facts of the case. Discussion followed. Condition to complete application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 136        |     | Start presented facts of the case. Discussion followed. Condition to complete application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 137        |     | Roll Call Vote:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 138        |     | Commissioner Jones – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 139        |     | Commissioner Walkinshaw – Yes with condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 140        |     | Commissioner Salas – Yes with condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 141        |     | Commissioner Lucero – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 142        |     | Commissioner Nevarez – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 143        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 144        |     | Motion passed with condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 145        |     | nionon passed with condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 146        |     | Roll Call Vote for business license:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 147        |     | Commissioner Jones – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 148        |     | Commissioner Walkinshaw- Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 149        |     | Commissioner Salas- Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 150        |     | Commissioner Lucero- Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 151        |     | Commissioner Nevarez – Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 152        |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 153        |     | Motion passed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|            |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| 154        |              |                                                                                             |
|------------|--------------|---------------------------------------------------------------------------------------------|
| 155        | e.           | BL #1017 – 1725 Avenida de Mercado submitted by Danna Lara with Healthy Start Pediatrics,   |
| 156        |              | Zoned: Historical Commercial (HR).                                                          |
| 157        |              |                                                                                             |
| 158        |              | Staff presented facts of the case. Discussion followed.                                     |
| 159        |              |                                                                                             |
| 160        |              | Roll Call Vote:                                                                             |
| 161        |              | Commissioner Jones – Yes                                                                    |
| 162        |              | Commissioner Walkinshaw - Yes                                                               |
| 163        |              | Commissioner Salas – Yes                                                                    |
| 164        |              | Commissioner Lucero – Yes                                                                   |
| 165        |              | Commissioner Nevarez – Yes                                                                  |
| 166        |              |                                                                                             |
| 167        | $\mathbf{M}$ | otion passed                                                                                |
| 168        |              |                                                                                             |
| 169        | f.           | PZHAC Case #061440- 2242 Calle del Sur submitted by Henry Lucero to put up a fence on       |
| 170        |              | property, Zoned: Historical Residential (HR).                                               |
| 171        |              |                                                                                             |
| 172        |              | Staff presented facts of the case. Discussion followed. Case will be tabled.                |
| 173        |              |                                                                                             |
| 174        |              | Roll Call Vote:                                                                             |
| 175        |              | Commissioner Jones – Yes                                                                    |
| 176        |              | Commissioner Walkinshaw - Yes                                                               |
| 177        |              | Commissioner Salas – Yes                                                                    |
| 178        |              | Commissioner Lucero – Yes                                                                   |
| 179        |              | Commissioner Nevarez – Yes                                                                  |
| 180        |              |                                                                                             |
| 181        |              | Motion passed to table case.                                                                |
| 182        |              |                                                                                             |
| 183        | g.           | PZHAC Case#061442 - 2755 Calle de San Albino submitted by ETMSS 2, LLC to replace           |
| 184        | 8.           | fence, Zoned: Historical Residential (HR).                                                  |
| 185        |              |                                                                                             |
| 186        |              | Staff presented facts of the case. Discussion followed.                                     |
| 187        |              |                                                                                             |
| 188        |              | Roll Call Vote:                                                                             |
| 189        |              | Commissioner Jones – Yes                                                                    |
| 190        |              | Commissioner Walkinshaw - Yes                                                               |
| 191        |              | Commissioner Salas – Yes                                                                    |
| 192        |              | Commissioner Lucero – Yes                                                                   |
| 193        |              | Commissioner Nevarez – Yes                                                                  |
| 194        |              | Commissioner Nevarez 1 es                                                                   |
| 195        |              | Motion passed                                                                               |
| 196        |              | nation passed                                                                               |
| 190        | h            | BL #1018- submitted by Melissa Clark of Desert Sky Realty & Investments, LLC for a business |
|            | и.           | · · · · · · · · · · · · · · · · · · ·                                                       |
| 198        |              | license, Zoned: Historical Residential (HR).                                                |
| 199        |              | Staff presented facts of the once. Discussion followed                                      |
| 200        |              | Staff presented facts of the case. Discussion followed.                                     |
| 201        |              | Poll Call Votes                                                                             |
| 202<br>203 |              | Roll Call Vote: Commissioner Jones – Yes                                                    |
| 203        |              | Commissioner Johes — Les                                                                    |

| 204 |    | Commissioner Walkinshaw - Yes                                                               |
|-----|----|---------------------------------------------------------------------------------------------|
| 205 |    | Commissioner Salas – Yes                                                                    |
| 206 |    | Commissioner Lucero – Yes                                                                   |
| 207 |    | Commissioner Nevarez – Yes                                                                  |
| 208 |    |                                                                                             |
| 209 |    | Motion passed                                                                               |
| 210 |    |                                                                                             |
| 211 | i. | STR #1019- 1717 W. Boutz Rd. #3 submitted by Desert Sky Realty & Investments, LLC for a     |
| 212 |    | short term rental registration, Zoned: Historical Residential (HR).                         |
| 213 |    |                                                                                             |
| 214 |    | Motion to approve was presented by Commissioner Jones and seconded by Commissioner          |
| 215 |    | Nevarez.                                                                                    |
| 216 |    |                                                                                             |
| 217 |    | Staff presented facts of the case. Discussion followed.                                     |
| 218 |    |                                                                                             |
| 219 |    | Roll Call Vote:                                                                             |
| 220 |    | Commissioner Jones – Yes                                                                    |
| 221 |    | Commissioner Walkinshaw - Yes                                                               |
| 222 |    | Commissioner Salas – Yes                                                                    |
| 223 |    | Commissioner Lucero – Yes                                                                   |
| 224 |    | Commissioner Nevarez – Yes                                                                  |
| 225 |    |                                                                                             |
| 226 |    | Motion passed                                                                               |
| 227 |    |                                                                                             |
| 228 | j. | STR #1020- 1717 W. Boutz Rd. #4 submitted by Desert Sky Realty & Investments, LLC for a     |
| 229 | J  | short term rental registration, Zoned: Historical Residential (HR).                         |
| 230 |    |                                                                                             |
| 231 |    | Motion to approve was presented by Commissioner Jones and seconded by Commissioner          |
| 232 |    | Nevarez.                                                                                    |
| 233 |    |                                                                                             |
| 234 |    | Staff presented facts of the case. Discussion followed.                                     |
| 235 |    |                                                                                             |
| 236 |    | Roll Call Vote:                                                                             |
| 237 |    | Commissioner Jones – Yes                                                                    |
| 238 |    | Commissioner Walkinshaw - Yes                                                               |
| 239 |    | Commissioner Salas – Yes                                                                    |
| 240 |    | Commissioner Lucero – Yes                                                                   |
| 241 |    | Commissioner Nevarez – Yes                                                                  |
| 242 |    |                                                                                             |
| 243 |    | Motion passed                                                                               |
| 244 |    |                                                                                             |
|     | k. | STR# 1021- 2188 Calle de Norte submitted by Desert Sky Realty & Investment, LLC for a short |
| 246 |    | term rental registration, Zoned: Historical Residential (HR).                               |
| 247 |    |                                                                                             |
| 248 |    | Motion to approve was presented by Commissioner Jones and seconded by Commissioner          |
| 249 |    | Nevarez.                                                                                    |
| 250 |    |                                                                                             |
| 251 |    | Staff presented facts of the case. Discussion followed.                                     |
| 252 |    | 1                                                                                           |
| 253 |    | Roll Call Vote:                                                                             |
| 254 |    | Commissioner Jones – Yes                                                                    |
|     |    |                                                                                             |

| 255 |      | Commissioner Walkinshaw - Yes                                                                                |
|-----|------|--------------------------------------------------------------------------------------------------------------|
| 256 |      | Commissioner Salas – Yes                                                                                     |
| 257 |      | Commissioner Lucero – Yes                                                                                    |
| 258 |      | Commissioner Nevarez – Yes                                                                                   |
| 259 |      |                                                                                                              |
| 260 |      | Motion passed.                                                                                               |
| 261 |      | 1                                                                                                            |
| 262 | l.   | PZHAC Case #061446- 2415 Calle de Parian submitted by Robert Reynolds to install an HVAC                     |
| 263 |      | system. Zoned: Historical Residential (HR).                                                                  |
| 264 |      | -,                                                                                                           |
| 265 |      | Motion to approve was presented by Commissioner Nevarez and seconded by                                      |
| 266 |      | Commissioner Jones.                                                                                          |
| 267 |      |                                                                                                              |
| 268 |      | Staff presented facts of the case. Discussion followed.                                                      |
| 269 |      | blair presented facts of the case. Discussion followed.                                                      |
| 270 |      | Roll Call Vote:                                                                                              |
| 270 |      | Commissioner Jones – Yes                                                                                     |
|     |      |                                                                                                              |
| 272 |      | Commissioner Walkinshaw - Yes                                                                                |
| 273 |      | Commissioner Salas – Yes                                                                                     |
| 274 |      | Commissioner Lucero – Yes                                                                                    |
| 275 |      | Commissioner Nevarez – Yes                                                                                   |
| 276 |      |                                                                                                              |
| 277 |      | Motion passed.                                                                                               |
| 278 |      |                                                                                                              |
| 279 | m.   | PZHAC Case# 061447- 2525 Calle de Parian submitted by Camila Rodriguez to install roof                       |
| 280 |      | mounted solar system. Zoned: Historical Residential (HR)                                                     |
| 281 |      |                                                                                                              |
| 282 |      | Motion to approve was presented by Commissioner Jones and seconded by Commissioner                           |
| 283 |      | Nevarez.                                                                                                     |
| 284 |      |                                                                                                              |
| 285 |      | Staff presented facts of the case. Discussion followed.                                                      |
| 286 |      |                                                                                                              |
| 287 |      | Roll Call Vote:                                                                                              |
| 288 |      | Commissioner Jones – Yes                                                                                     |
| 289 |      | Commissioner Walkinshaw - Yes                                                                                |
| 290 |      | Commissioner Salas – Yes                                                                                     |
| 291 |      | Commissioner Lucero – Yes                                                                                    |
| 292 |      | Commissioner Nevarez – Yes                                                                                   |
| 293 |      |                                                                                                              |
| 294 |      | Motion passed.                                                                                               |
| 295 |      | passed.                                                                                                      |
| 296 |      | PZHAC Case# 061448- 2309 Calle de San Albino #3 submitted by Marshall McGinley of                            |
| 290 | 111. | ·                                                                                                            |
|     |      | Cowboy Cannabis to put up a temporary sign in door and side window. <b>Zoned: Historical Commercial (HC)</b> |
| 298 |      | Commercial (nC)                                                                                              |
| 299 |      | Maties to appropriate a property of the Commission on Tonor and second of the Commission on                  |
| 300 |      | Motion to approve was presented by Commissioner Jones and seconded by Commissioner                           |
| 301 |      | Nevarez.                                                                                                     |
| 302 |      |                                                                                                              |
| 303 |      | Staff presented facts of the case. Discussion followed.                                                      |
| 304 |      |                                                                                                              |
| 305 |      | Roll Call Vote:                                                                                              |
|     |      |                                                                                                              |

| 306 |    | Commissioner Jones – Yes                                                                          |
|-----|----|---------------------------------------------------------------------------------------------------|
| 307 |    | Commissioner Walkinshaw - Yes                                                                     |
| 308 |    | Commissioner Salas – Yes                                                                          |
| 309 |    | Commissioner Lucero – Yes                                                                         |
| 310 |    | Commissioner Nevarez – Yes                                                                        |
| 311 |    |                                                                                                   |
| 312 |    | Motion passed.                                                                                    |
| 313 |    | •                                                                                                 |
| 314 | 0. | PZHAC Case# 061449- 2309 Calle de San Albino #3 submitted by Marshall McGinley of                 |
| 315 |    | Cowboy Cannabis to put up exterior double sided sign. Zoned: Historical Commercial (HC)           |
| 316 |    |                                                                                                   |
| 317 |    | Motion to approve was presented by Commissioner Jones and seconded by Commissioner                |
| 318 |    | Nevarez.                                                                                          |
| 319 |    |                                                                                                   |
| 320 |    | Staff presented facts of the case. Discussion followed.                                           |
| 321 |    |                                                                                                   |
| 322 |    | Roll Call Vote:                                                                                   |
| 323 |    | Commissioner Jones – Yes                                                                          |
| 324 |    | Commissioner Walkinshaw - Yes                                                                     |
| 325 |    | Commissioner Salas – Yes                                                                          |
| 326 |    | Commissioner Lucero – Yes                                                                         |
| 327 |    | Commissioner Nevarez – Yes                                                                        |
| 328 |    |                                                                                                   |
| 329 |    | Motion passed.                                                                                    |
| 330 |    | Thousand passed.                                                                                  |
| 331 | n  | PZHAC Case #061450- 1212 Calle de El Paso submitted by John Campbell to re-roof                   |
| 332 | þ. | dwelling. Zoned: Rural Farm (RF)                                                                  |
| 333 |    | dweining. Zoned, Adrai Parin (Kr)                                                                 |
| 334 |    | Motion to approve was presented by Commissioner Jones and seconded by Commissioner                |
| 335 |    | Nevarez.                                                                                          |
|     |    |                                                                                                   |
| 336 |    | Staff presented facts of the case. Discussion followed.                                           |
| 337 |    | Staff presented facts of the case. Discussion followed.                                           |
| 338 |    | D-II Coll V-40                                                                                    |
| 339 |    | Roll Call Vote:                                                                                   |
| 340 |    | Commissioner Jones – Yes                                                                          |
| 341 |    | Commissioner Walkinshaw - Yes                                                                     |
| 342 |    | Commissioner Salas – Yes                                                                          |
| 343 |    | Commissioner Lucero – Yes                                                                         |
| 344 |    | Commissioner Nevarez – Yes                                                                        |
| 345 |    |                                                                                                   |
| 346 |    | Motion passed.                                                                                    |
| 347 |    |                                                                                                   |
| 348 | q. | <b>PZHAC Case# 061451-</b> 1901 Calle de Correo submitted by Brittany Bloch to build phase two of |
| 349 |    | Black Rat Tattoo. Zoned: Historical Commercial (HC)                                               |
| 350 |    |                                                                                                   |
| 351 |    | Motion to approve was presented by Commissioner Jones and seconded by Commissioner                |
| 352 |    | Nevarez.                                                                                          |
| 353 |    |                                                                                                   |
| 354 |    | Staff presented facts of the case. Discussion followed.                                           |
| 355 |    |                                                                                                   |
| 356 |    | Roll Call Vote:                                                                                   |
|     |    |                                                                                                   |

Commissioner Jones – Yes 357 Commissioner Walkinshaw - Yes with condition 358 Commissioner Salas – pass/did not get the information 359 Commissioner Lucero – Yes with condition 360 Commissioner Nevarez – Yes with condition 361 362 363 Motion passed with condition. 364 7. COMMISSIONERS/STAFF COMMENTS 365 Commissioner Nevarez commented on cannabis ordinance and urges the town to consider 366 looking at it regarding distance to avoid any issues in the future; revise the orders as needed. 367 368 Commissioner Jones expressed he planned his day to attend the meeting in the afternoon and asked if advance notice can be given. Mr. Padilla stated the information was provided in the 369 packet and discussed at previous meetings that the meetings were originally held in the evening 370 and was moved due to covid. Commissioner Lucero stated she adjusted her own schedule to 371 372 attend during the day. She asks that their opinions be taken into consideration and stated that typically the process is that majority rules. Commissioner Nevarez asked if a separate email can 373 be sent in addition to having the information in the packet as to the time for the meeting. Madam 374 Mayor commented that ordinance likely still says meetings are at 6 pm on Mondays and when 375 there is a holiday the meetings will be held on Tuesday. Madam Mayor saw there were issues 376 with having a quorum and the Board of Trustees had a meeting to move the meetings back to 6 377 p.m. and it was noted a few meetings back to the Commissioners that meetings would be moved. 378 If it is written in the ordinance, then an amendment will need to be submitted and a process will 379 need to take place to change what is stated in the ordinance. Commissioner Lucero received 380 noticed that Mr. Jones will not be present September 19<sup>th</sup> as he will be out of the country. Mr. 381 Padilla asked who will attend the Taos planning and zoning meeting from September 14 through 382 the 16<sup>th</sup>. Commissioner Walkinshaw will not be attending. Commissioner Lucero is attending. 383 384 ADJOURNMENT 385 8. 386 387 Meeting adjourned at 7:30PM. 388 APPRÖVED THIS 6th DAY OF SEPTEMBER 2022 389 390 391 392 393 394 395 Yolanda Lucero 396 Chair 397 398 399 ATTEST: 400 401 402

Town Clerk-Treasurer

Rani Bush

403 404

**AGENDA DATE** 

PZHAC: September 19, 2022,

BOT:

ITEM: PZHAC Case #061231 — 22360 Calle Principal submitted by Cheryll Blevins to repair existing adobe wall, Zoned: Historical Commercial (HC).

**BACKGROUND AND ANALYSIS:** Proposed work involves replacing and constructing adobe wall that is deteriorating. As per site plan in the packet.

#### **IMPACT:**

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

#### Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

#### **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

#### **DEPARTMENT RECOMMENDATIONS:**

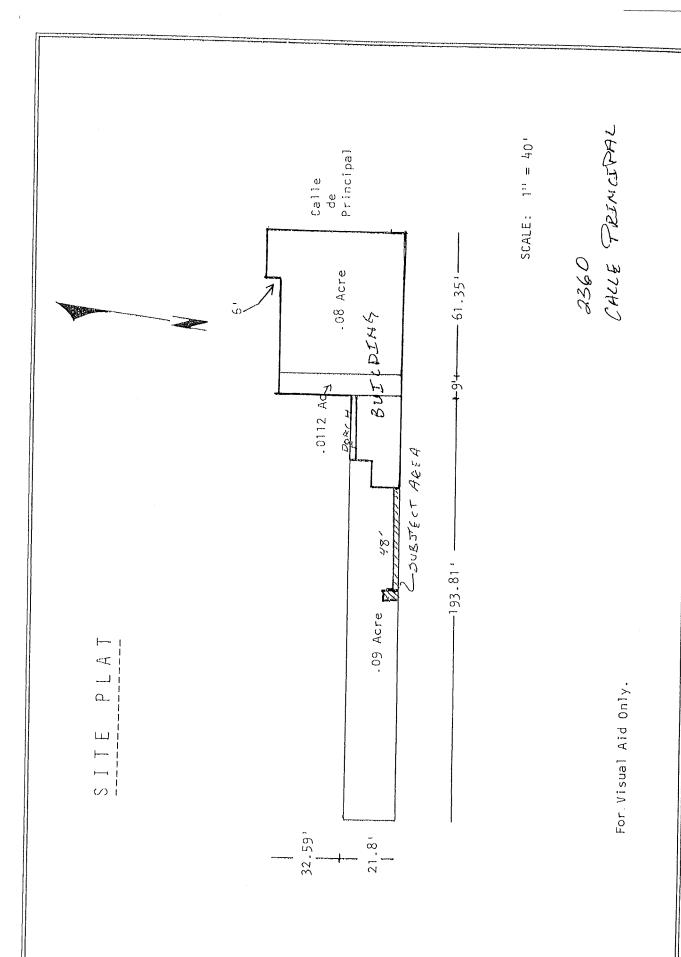
- Application
- Plans

#### TOWN OF MESILLA ZONING APPROVAL

OFFICIAL USE ONLY: Case # 06231 Fee \$ 80.

PERMISSION TO CONDUCT WORK
OR
OBTAIN A COMMERCIAL/RESIDENTIAL BUILDING PERMIT FROM CID

| Anne of Property Owner's Mailing Address City State  City State  City State  City State  City State  Contractor's Telephone Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's License Number  Contractor's Telephone Number  Contractor's License Number  Contractor's Telephone Number  Contractor's Telephone Number  Contractor's Telephone Number  Contractor's Telephone Number  Contractor's License Number  Contract | ame of Property Owner's Telephone Number PO BOX 9 Property Owner's Mailing Address City State Zip Code STOCK 9 Contractor's Linail Address City State Zip Code Contractor's Linail Address Contractor's Telephone Number | 2231 Avenida de Mesilla, P.O. Box 10,  CASE NO. 6 23 ZONE: 6 CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | PPLICATION DATE:_                                      | 612/21                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|----------------------------------------|
| Address of Property Owner's Telephone Number  Contractor's Name & Address  Contractor's Telephone Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Licen | Tame of Proberty Owner's Mailing Address  City  State  Zip Code  Zi | CASE NO. BOTOST ZONE: UC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DI                                                       | C C                                                    |                                        |
| Property Owner's Mailling Address  City  State  Zip Code  Zip Code | Port Sock Milling Address  City State  Zip Code  Zip Cod | VETYLLEPAUL BLEDIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 575                                                      | 650 853                                                | <u>50</u>                              |
| Property Owner's Mailling Address  Property Owner's E-mail Address  Contractor's Name & Address  Contractor's Telephone Number  Contractor's Telephone Number  Contractor's Telephone Number  Contractor's Tax ID Number  Contractor's License Number  C | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name of Property Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Property Owner                                           | 's Telephone Number                                    | BOIL.                                  |
| Property Owner's E-mail Address  Contractor's Name & Address (If None, Indicate Sell)  Contractor's Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Property Owner's E-mail Address  Property Owner's E-mail Address  Property Owner's E-mail Address  Proposed Work:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Property Owner's Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State State                                              |                                                        | Zip Code                               |
| Property Owner's E-mail Address  Contractor's Name & Address (Ir hone, Indicate Sell)  Contractor's Telephone Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Lic | Property Owner's E-mail Address Contractor's Name & Address (If hone, indicate Self) Contractor's Telephone Number Contractor's Tax ID Number Contractor's Telephone Number Contractor's Telephone Number Contractor's Tax ID Number Contractor's License Number Contractor's License Number Contractor's License Number Contractor's Tax ID Number Contractor's License Numbe |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                        |                                        |
| Contractor's Telephone Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Li | Contractor's Tetephone Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Li |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - M. 1. S. J. S                                          |                                                        |                                        |
| Contractor's Telephone Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Li | Contractor's Tetephone Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Li | PA+ TAUOF IN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                                                        |                                        |
| Contractor's Telephone Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Li | Contractor's Telephone Number  Contractor's Tax ID Number  Contractor's License Number  Contractor's Li |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1095 ONE                                                 | 17c# 7158                                              | (1)                                    |
| Address of Proposed Work:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Address of Proposed Work: A CONTROL TO ALL T |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                        |                                        |
| Description of Proposed Work: Acceptant to Color Charles C | Description of Proposed Work: Acceptant to Carolina Color Co |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                        |                                        |
| Estimated Cost  Signature of Applicant  Signature of property owner:  With the exception of administrative approvals, all permit requests inust undergo a review process from staff, PZHAC and/or BOT before issuance of a zoning permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically.  FOR OFFICIAL USE ONLY  PZHAC  Approved Date:  Disapproved Date:  Disapproved Date:  Approved with Conditions  PZHAC APPROVAL REQUIRED:  YES NO  BOT APPROVAL REQUIRED:  YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Estimated Cost  Signature of Applicant  Signature of property owner:  With the exception of administrative approvals, all permit requests must undergo a review process from staff, PZHAC and/or BOT before issuance of a zoning permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically.  FOR OFFICIAL USE ONLY  PZHAC  Approved Date:  Disapproved Date:  Disapproved Date:  Approved With conditions  PZHAC APPROVAL REQUIRED:  YES NO  BOT APPROVAL REQUIRED:  YES NO  SEE CONDITIONS  CONDITIONS:  CONDITIONS:  CONDITIONS:  CONDITIONS:  CONDITIONS:  Date  Application  Date  Application  Date  Date  Date  Approveds from staff, PZHAC and/or BOT  Date  Date  Date  Date  Approved Staff, PZHAC and/or BOT  Date  Dat | [[[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . 1                                                      | (1))                                                   | 112                                    |
| Estimated Cost  Signature of property owner:  With the exception of administrative approvals, all permit requests must undergo a review process from staff, PZHAC and/or BOT before issuance of a zoning permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically.  FOR OFFICIAL USE ONLY  PZHAC  Administrative Approval  Approved Date:  Disapproved Date:  Approved Date:  Approved With Conditions  PZHAC APPROVAL REQUIRED:  YES NO  BOT APPROVAL REQUIRED:  YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Estimated Cost  Signature of property owner:  Date  Date  Signature of property owner:  With the exception of administrative approvals, all permit requests must undergo a review process from staff, PZHAC and/or BOT before issuance of a zoning permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically.  FOR OFFICIAL USE ONLY  PZHAC  Approved Date:  Disapproved Date:  Disapproved Date:  Approved with conditions  PZHAC APPROVAL REQUIRED:  YES NO BOT APPROVAL REQUIRED:  YES NO SEE CONDITIONS  CONDITIONS:  NO CHANCE TO APPERRANCE OR SETTE OF WALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ALL TO EXI                                               | 24 tech ma                                             | FURDERIO                               |
| Estimated Cost  Signature of Applicant  Signature of property owner:  With the exception of administrative approvals, all permit requests must undergo a review process from staff, PZHAC and/or BOT before issuance of a zoning permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically.  FOR OFFICIAL USE ONLY  PZHAC  Approved Date:  Approved Date:  Disapproved Date:  Approved With Conditions  Approved with conditions  Approved with conditions  PZHAC APPROVAL REQUIRED:  YES NO  BOT APPROVAL REQUIRED:  YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Estimated Cost  Signature of Applicant  Signature of properly owner:  With the exception of administrative approvals, all permit requests must undergo a review process from staff, PZHAC and/or BOT before issuance of a zoning permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically.  FOR OFFICIAL USE ONLY  PZHAC  Approved Date:  Disapproved Date:  Disapproved Date:  Approved with conditions  PZHAC APPROVAL REQUIRED:  YES NO  SEE CONDITIONS  CONDITIONS:  MO CHANCE TO APPREKRANCE OR SEYLE OF WALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the state of the s | 2016                                                     |                                                        | Sich                                   |
| Signature of property owner:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature of property owner:  With the exception of administrative approvals, all permit requests must undergo a review process from starf, PZHAC and/or BOT before issuance of a zonling permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically.  FOR OFFICIAL USE ONLY  PZHAC  Approved Date:  Disapproved Date:  Disapproved Date:  Approved with conditions  Approved with conditions  Approved with conditions  PZHAC APPROVAL REQUIRED:  YES NO BOT APPROVAL REQUIRED:  YES NO SEE CONDITIONS  CONDITIONS:  CONDITIONS:  OR SEYLE OF WALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO THE WAY TO THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -1                                                       | 6/7/31                                                 |                                        |
| Signature of property owner:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature of property owner:  With the exception of administrative approvals, all permit requests must undergo a review process from starf, PZHAC and/or BOT before issuance of a zonling permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically.  FOR OFFICIAL USE ONLY  PZHAC  Approved Date:  Disapproved Date:  Disapproved Date:  Approved with conditions  Approved with conditions  Approved with conditions  PZHAC APPROVAL REQUIRED:  YES NO BOT APPROVAL REQUIRED:  YES NO SEE CONDITIONS  CONDITIONS:  CONDITIONS:  OR SEYLE OF WALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Estimated Cost Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          | Date                                                   |                                        |
| With the exception of administrative approvals, all permit requests must undergo a review process from staff, PZHAC and/or BOT before issuance of a zoning permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically.  FOR OFFICIAL USE ONLY  PZHAC BY Administrative Approval BOT Approved Date:  Disapproved Date:  Disapproved Date:  Approved with Conditions  Approved with conditions  PZHAC APPROVAL REQUIRED:  YES NO BOT APPROVAL REQUIRED:  YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | With the exception of administrative approvals, all permit requests must undergo a review process from staff, PZHAC and/or BOT before issuance of a zoning permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically.    FOR OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 00 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Rlausa                                                   | 0 14                                                   | 1                                      |
| FOR OFFICIAL USE ONLY  PZHAC  Administrative Approval  Approved Date:  Disapproved Date:  Approved Date:  Approved With conditions  PZHAC APPROVAL REQUIRED:  YES  NO  BOT APPROVAL REQUIRED:  YES  NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FOR OFFICIAL USE ONLY  PZHAC    Administrative Approval   BOT   Approved Date:   Disapproved Date:   Approved With Conditions   Approved With conditions   Approved With conditions   PZHAC APPROVAL REQUIRED:   YES   NO   BOT APPROVAL REQUIRED:   YES   NO   SEE CONDITIONS   CONDITIONS:   NO CHANCE TO APPERRANCE OR STYLE OF WALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIEVIS                                                   | John de                                                | 2) lim                                 |
| PZHAC MAdministrative Approval BOT Approved Date: Disapproved Date: Disapproved Date: Approved With Conditions  Approved with conditions  Approved with conditions  PZHAC APPROVAL REQUIRED:YESNO BOT APPROVAL REQUIRED:YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PZHAC    Administrative Approval   BOT   Approved Date:     Disapproved Date:     Disapproved Date:     Approved Date:     Approved With Conditions   Approved with conditions   Approved with conditions   Approved with conditions   PZHAC APPROVAL REQUIRED:   YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | With the exception of administrative approvals, all permit<br>before issuance of a zoning permit. Plan sheets are to be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | requests must undergo a r<br>no larger than 11 x 17 inch | review process from stal<br>es or shall be submitted o | f, PZHAC and/or BOT<br>electronically. |
| ☐ Approved Date: ☐ Disapproved Date: ☐ Approved with Conditions ☐ Approved with conditions ☐ Approved with conditions  PZHAC APPROVAL REQUIRED:YESNO BOT APPROVAL REQUIRED:YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Approved Date: ☐ Disapproved Date: ☐ Disapproved Date: ☐ Approved with Conditions ☐ Approved with conditions  PZHAC APPROVAL REQUIRED:YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FOR OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FICIAL USE ONLY                                          |                                                        |                                        |
| ☐ Disapproved Date: ☐ Approved with Conditions ☐ Approved with conditions  PZHAC APPROVAL REQUIRED:YESNO BOT APPROVAL REQUIRED:YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Disapproved Date: ☐ Approved with Conditions ☐ Approved with conditions  PZHAC APPROVAL REQUIRED: YES ✓ NO BOT APPROVAL REQUIRED: YES ✓ NO  CID PERMIT/INSPECTION REQUIRED: YES ✓ NO SEE CONDITIONS  CONDITIONS: NO CHANCE TO APPERRANCE OR STYLE OF WALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PZHAC Mr Administrative Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | вот                                                      | ☐ Approved Date:                                       |                                        |
| ☐ Approved with conditions PZHAC APPROVAL REQUIRED:YESNO BOT APPROVAL REQUIRED:YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | □ Approved with conditions  PZHAC APPROVAL REQUIRED:YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Approved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | □ Disapproved Da                                       | te:                                    |
| PZHAC APPROVAL REQUIRED:YESYESYNO BOT APPROVAL REQUIRED:YESYNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PZHAC APPROVAL REQUIRED: YES IND BOT APPROVAL REQUIRED: YES IND  CID PERMIT/INSPECTION REQUIRED: YES IND SEE CONDITIONS  CONDITIONS: NO CHANCE TO APPERRANCE OR STYLE OF WALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ Disapproved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | □ Approved with C                                      | Conditions                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CID PERMIT/INSPECTION REQUIRED: YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Approved with conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |                                                        |                                        |
| OR DEPUTE HORSE OF THE PROPERTY OF THE PROPERT | CONDITIONS: NO CHANCE TO APPERRANCE OR STYLE OF WALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PZHAC APPROVAL REQUIRED: YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BOT APPROVAL REQUI                                       | RED:YES 📈 NO                                           |                                        |
| CID PERMITTINSPECTION REQUIRED: YES VINO SEE CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CONDITIONS: NO CHANCE TO APPERRANCE OR STYLE OF WALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CID PERMIT/INSPECTION REQUIRED: YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NO SEE CONDIT                                            | TIONS                                                  |                                        |
| 70 (800 100 100 100 100 100 100 100 100 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                        |                                        |
| CONDITIONS: THE CHARGE TO ATTENDED ON SETTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONDITIONS: 10 CHARGE 10 AFFE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ALCANDE ON SEASON                                        | -12                                                    |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7 01 - 11-1-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                        |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                        |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ERMISSION ISSUED DENIED BY: SSUE DATE: 6(7) 721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ERMISSION ISSUED DENIED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          | ISSUE DATE:                                            | 6/15/21                                |
| PERMISSION ISSUED DENIED BY: Z. Sh ISSUE DATE: 6/15/21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | out desiration assume                                  | Court I called                         |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Plot plan with legal description to show existing<br>Verification shall show that the lot was LEGAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ) structures, adjoining str<br>Y subdivided through the  | eets, driveway(s), impro<br>• Town of Mesilla or tha   | vements & setbacks.                    |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING; Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1), subdivided through the                               | 2 TOWN OF MODING OF ITH                                | a mo na mao paren m                    |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING:  Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the tot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks. Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Site Plan with dimensions and details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                        |                                        |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING:  Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the tot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.<br>Verification shall show that the lot was <u>LEGALLY</u> subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Foundation plan with details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 100                                                      |                                                        |                                        |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING:  Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the tot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ala.                                                     |                                                        |                                        |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING:  Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the tot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                        |                                        |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING:  Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the tot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.  Cross section of walls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.  Cross section of walls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Proof of legal access to the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                        |                                        |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING;  Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks. Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.  Cross section of walls  Roof and floor framing plan  Proof of legal access to the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.  Cross section of walls  Roof and floor framing plan  Proof of legal access to the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | acklist included for Historics                           | ul zones) diagrams and                                 | elevations.                            |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING;  Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details. Foundation plan with details. Floor plan showing rooms, their uses and dimensions.  Cross section of walls Roof and floor framing plan Proof of legal access to the property. Drainage plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.  Cross section of walls  Roof and floor framing plan  Proof of legal access to the property.  Drainage plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                        |                                        |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING;  Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.  Cross section of walls  Roof and floor framing plan  Proof of legal access to the property.  Drainage plan.  Details of architectural style and color scheme (checklist included for Historical zones) — diagrams and elevations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the tot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.  Cross section of walls  Roof and floor framing plan  Proof of legal access to the property.  Drainage plan.  Details of architectural style and color scheme (checklist included for Historical zones) diagrams and elevations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Public Utility providing water services).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                        |                                        |
| HIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING:  Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.  Cross section of walls  Roof and floor framing plan  Proof of legal access to the property.  Drainage plan.  Details of architectural style and color scheme (checklist included for Historical zones) — diagrams and elevations.  Proof of sewer service or a copy of septic tank permit; proof of water service (well permit or statement from the Public Utility providing water services).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details.  Floor plan showing rooms, their uses and dimensions.  Cross section of walls  Roof and floor framing plan  Proof of legal access to the property.  Drainage plan.  Details of architectural style and color scheme (checklist included for Historical zones) — diagrams and elevations.  Proof of sewer service or a copy of septic tank permit; proof of water service (well permit or statement from the Public Utility providing water services).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Olle Carle as Carrent B                                  | niclosmosi Depoderant                                  | Pan atheralda \                        |
| APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING; Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the tot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details. Foundation plan with details. Floor plan showing rooms, their uses and dimensions.  Cross section of walls  Roof and floor framing plan Proof of legal access to the property.  Drainage plan.  Details of architectural style and color scheme (checklist included for Historical zones) — diagrams and elevations. Proof of sewer service or a copy of septic tank permit; proof of water service (well permit or statement from the Public Utility providing water services).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks.  Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972.  Site Plan with dimensions and details.  Foundation plan with details, Floor plan showing rooms, their uses and dimensions.  Cross section of walls  Roof and floor framing plan  Proof of legal access to the property.  Drainage plan.  Details of architectural style and color scheme (checklist included for Historical zones) – diagrams and elevations.  Proof of sewer service or a copy of septic tank permit; proof of water service (well permit or statement from the Public Utility providing water services).  Proof of legal access to the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ciner information as necessary or required by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CHY CODE OF COMMUNITY D                                  | evelooment Department (                                | oce otter side.)                       |



19/1/3

BOWLY THAT ALOUR WALL

#### **AGENDA DATE**

PZHAC: September 19, 2022

BOT:

ITEM: PZHAC Case #061235 – 1912 Calle Santiago submitted by Robert Tustin to repair adobe wall, **Zoned: Historical Commercial (HC).** 

**BACKGROUND AND ANALYSIS:** Proposed work involves replacing and constructing adobe wall that is deteriorating. As per site plan in the packet.

#### **IMPACT:**

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

#### Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

#### **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

#### **DEPARTMENT RECOMMENDATIONS:**

- Application
- Plans

## TOWN OF MESILLA ZONING APPROVAL

OFFICIAL USE ONLY: Case # 06 /335 Fee \$ /3 / 3

PERWISSION TO CONDUCT WORK
OR
OBTAIN A COMMERCIAL/RESIDENTIAL BUILDING PERWIT FROM CID

| CASE NO. 06 /235 ZONE:                                                                  | P.O. Box 10, Mesilla, NM 88046 (575) 524-3262 ext. 104  APPLICATION DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D1-117-117                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| COPEUS FUSICIO                                                                          | 2100110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ame of Property Owner                                                                   | Property Owner's Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 11300 20 MACO!                                                                          | NOT WOLL AND OR GLOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| roperty Owner's Mailing Address                                                         | City State- Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 500 45+00 2 AV                                                                          | et « Cah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| roperty Owner's E-mail Address                                                          | 2 20116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DALIANION D                                                                             | JEW JES MESTITEM BERCHO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ontractor's Name & Address (If none, indicate                                           | e Self)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 75 526 TOPS                                                                             | 03/3/095 005 LICIT 365/8/60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ontractor's Telephone Number                                                            | Contractor's Tax ID Number Contractor's License Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 15/15                                                                                   | - like - and a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ddress of Proposed Work: [ 4   🔊                                                        | CHIL THATAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| escription of Proposed Work: ReDA                                                       | IN OF GASE CTILLONE DALLE GASA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| VITORI AL LASSI                                                                         | 1311 - 11/240 1011 100 - 10/1011 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| YST STATE STATE                                                                         | a plant in so creat will tel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| The state of the                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6,000 Port                                                                              | The Justin 6/15/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| stimated Cust Signature of Ap                                                           | pplicant Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| D.D.                                                                                    | TATEL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ignature of property owner:                                                             | 1 il Morris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ith the exception of administrative approvate for issuance of a zoning permit. Plan she | ils, all permit requests must undergo a review process from staff, PZHAC and/or BOT<br>sets are to be no larger than 11 x 17 inches or shall be submitted electronically.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| -                                                                                       | FOR OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ZHAG   Administrative Approv                                                            | The state of the s |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| El Approved Date:                                                                       | Disapproved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Disapproved Date:                                                                       | ☐ Approved with Conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ☐ Approved with condition                                                               | ons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                         | NO BOT APPROVAL REQUIRED:YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                         | YESNOSEE CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| DEPENDENT MAST ECTION RECIGIRED.                                                        | _ TESNOSEE GONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CONDITIONS:                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| RMISSION ISSUED/DENIED BY:                                                              | ISSUE DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| S APPLICATION SHALL INCLUDE ALL OF                                                      | THE FOLLOWING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                         | show existing structures, adjoining streets, driveway(s), improvements & setbacks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                         | was LEGALLY subdivided through the Town of Mesilla or that the lot has been in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| existence prior to February 1972.                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Site Plan with dimensions and details.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Foundation plan with details. Floor plan showing rooms, their uses                      | and dimensions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Cross section of walls                                                                  | THE COMMITTEE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Roof and floor framing plan                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Proof of legal access to the property.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dralnage plan.                                                                          | The contract of the contract o |
|                                                                                         | scheme (checklist included for Historical zones) – diagrams and elevations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                         | of septic tank permit; proof of water service (well permit or statement from the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Public Utility providing water services)                                                | ).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Proof of legal access to the property.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other information as necessary or req                                                   | quired by the City Code or Community Development Department (See other side.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

#### **Property Record Card**

Doña Ana Assessor

#### TUSTIN ROBERT LEE

11320 SE LINCOLN ST PORTLAND, OR 97216 Account: R0400337

Tax Area: 2DIN\_R - 2DIN\_R

Acres: 0.000

Parcel: 4-006-137-253-405

Situs Address:

1912 CALLE DE SANTIAGO Mesilla, 88046

Neighborhood

S11 - MESILLA

Legal Description



#### Land Occurrence 1

Property Code

0100 - RESIDENTIAL LAND

G - GAS Gas

CM - COMM-SEWER Sewer Type

Topography Code L-LEVEL

Zoning HC - HIST-COMMERL

SF - PER-SQ-FOOT A - ASPHALT

OB - OVER-ELECTRC

5227

SubArea Sq Ft

Total

ACTUAL

EFFECTIVE

HEATED

FOOTPRINT

Residential Occurrence 1

Property Code

0120 - RESIDENTIAL IMPROVEMENT

Actual Year Built

1800

Architectural Style Bedrooms

PB - PUBBLO

Baths

Electricity

Street Code

Mensure

SOFT

Condition

AVERAGE

**Building Type** 

PS - PRNCPL-SNGLE

Heating Fuel

**Construction Quality** 

F - FAIR

Percent Complete

G-GAS 100

Heating Type Roof Cover

NII - NO-HEAT

Roof Structure

F - FLAT

Stories

PR - PR-ROLL

Exterior Wall

AS - ADOBE-STUCOD

Percent

1.0 100

#### **Property Record Card**

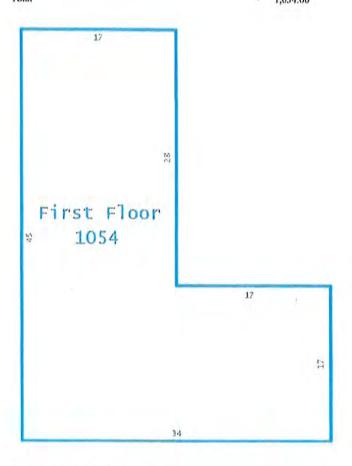
Doña Ana Assessor

#### Residential Occurrence 1

Interior Wall

AD - ADOBE

SubArea GLA1 - First Floor Total ACTUAL 1054.0 1,054.00 EFFECTIVE 1054.0 1,054.00 1054.0 1,054.00 FOOTPRINT 1054.0 1,054.00



**Assessment History** 

| Туре                    | Actual   | Assessed  |
|-------------------------|----------|-----------|
| Residential Land        | \$21,419 | \$7,140   |
| Residential Improvement | \$11,734 | \$3,911   |
| Actual (2021)           | \$33,153 |           |
| Primary Taxable         |          | \$11,051  |
| Exemption Adjustments   |          |           |
| Veteran                 |          | (\$4,000) |
| Adjusted Taxable Total  |          | \$7,051   |

HOROZOG るなる大山 Kepairal Ador A 大きが上へ しのかりかり 1 するがある らんな大川

Robert Jakes

AGENDA DATE

PZHAC: September 19, 2022,

BOT:

ITEM: PZHAC Case #061431 – 3367 Estrada Rd. submitted by Oscar Gomez to replace existing doors, windows, and build new front and back patios, **Zoned: Rural Farm (RF)** 

**BACKGROUND AND ANALYSIS:** Proposed work involves replacing and replace existing doors, windows, and build new front and back patios. As per site plan in the packet.

#### **IMPACT:**

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

#### Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

#### **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

#### **DEPARTMENT RECOMMENDATIONS:**

- Application
- Plans

#### TOWN OF MESILLA ZONING APPROVAL



#### PERMISSION TO CONDUCT WORK

### OR OBTAIN A COMMERCIAL/RESIDENTIAL BUILDING PERMIT FROM CID

| Cagar D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | .061451 ZONE: _                                                                                                                                                                                                                                                                                                                                           | CODE:                                                                     | APP                                                     | PLICATION DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| cesar D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Gomez                                                                                                                                                                                                                                                                                                                                                     |                                                                           | 915-5                                                   | 49-7335                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Name of Prope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | dy Owner                                                                                                                                                                                                                                                                                                                                                  |                                                                           | Property Owner's                                        | Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5 Paseo de Paz                                                                                                                                                                                                                                                                                                                                            | Anthony                                                                   | NM                                                      | 88021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 's Mailing Address<br>Lgsgomez@gmail.com                                                                                                                                                                                                                                                                                                                  | City                                                                      | State                                                   | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 's E-mail Address                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 17. 19.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SELF                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Contractor's Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | me & Address (If none, indica                                                                                                                                                                                                                                                                                                                             | ite Self)                                                                 |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lephone Number                                                                                                                                                                                                                                                                                                                                            | Contractor's Tax                                                          |                                                         | Contractor's License Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Address of Prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | posed Work: 3367                                                                                                                                                                                                                                                                                                                                          | Estrada 1                                                                 | ld.                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Description of F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           | ease see attac<br>oposed work                                             | hed descripti                                           | on of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           | oposed work                                                               |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | w //                                                                                                                                                                                                                                                                                                                                                      | n12                                                                       |                                                         | 1/22/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| \$ 20,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                           | 1//                                                                       |                                                         | 6/29/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Estimated Cos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Signature of A                                                                                                                                                                                                                                                                                                                                            | pplicant (/)                                                              |                                                         | Date /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Signature of pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | operty owner:                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           | ALL PARVING A COLOR                                                       | CV                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| With the except<br>before issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tion of administrative approver of a zoning permit. Plan sh                                                                                                                                                                                                                                                                                               | als, all permit requests<br>eets are to be no larger                      | must undergo a revi<br>than 11 x 17 inches of           | ew process from staff, PZHAC and/or BC<br>or shall be submitted electronically.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           | FOR OFFICIAL                                                              | USE ONLY                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ZHAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Administrative Appro                                                                                                                                                                                                                                                                                                                                    |                                                                           | вот                                                     | ☐ Approved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Approved Date:                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                         | ☐ Disapproved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Disapproved Date: _                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                         | ☐ Approved with Conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Approved with condit                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                         | a reproved with conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VAL REQUIRED: YES                                                                                                                                                                                                                                                                                                                                         |                                                                           | PROVAL REQUIRED                                         | VES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ZHAC APPRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                           |                                                                           | LICENTE LICENTIFIC                                      | , 1E0 NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SPECTION REQUIRED:                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                         | IS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CID PERMIT/IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SPECTION REQUIRED:                                                                                                                                                                                                                                                                                                                                        | NO                                                                        |                                                         | IS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| OID PERMIT/IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                           | NO                                                                        |                                                         | us .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| OID PERMIT/IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SPECTION REQUIRED:                                                                                                                                                                                                                                                                                                                                        | NO                                                                        |                                                         | IS .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CID PERMIT/IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SPECTION REQUIRED: &                                                                                                                                                                                                                                                                                                                                      | YES NO                                                                    | SEE CONDITION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CID PERMIT/IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SPECTION REQUIRED:                                                                                                                                                                                                                                                                                                                                        | YES NO                                                                    | SEE CONDITION                                           | ISSUE DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CID PERMIT/IN CONDITIONS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SPECTION REQUIRED: &                                                                                                                                                                                                                                                                                                                                      | YES NO                                                                    | SEE CONDITION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CID PERMIT/IN CONDITIONS: COND | SSUED/DENIED BY:  ON SHALL INCLUDE ALL OF the with legal description to                                                                                                                                                                                                                                                                                   | YES NO THE FOLLOWING:                                                     | SEE CONDITION                                           | ISSUE DATE:  , driveway(s), improvements & setback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ERMISSION IS  APPLICATION Verifical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SSUED/DENIED BY:  ON SHALL INCLUDE ALL OF in with legal description to tion shall show that the lot                                                                                                                                                                                                                                                       | YES NO THE FOLLOWING:                                                     | SEE CONDITION                                           | ISSUE DATE:  , driveway(s), improvements & setback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ERMISSION IS  APPLICATION  Plot plat  Verificat  existence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SSUED/DENIED BY:  ON SHALL INCLUDE ALL Of in with legal description to tion shall show that the lot be prior to February 1972.                                                                                                                                                                                                                            | THE FOLLOWING: show existing structure was LEGALLY subdiv                 | SEE CONDITION                                           | ISSUE DATE:  , driveway(s), improvements & setback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ERMISSION IS  IS APPLICATION  Plot plato verificate existence  Site Plato Foundate Foundate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SSUED/DENIED BY:  ON SHALL INCLUDE ALL OF in with legal description to tion shall show that the lot be prior to February 1972. In with dimensions and details tion plan with details.                                                                                                                                                                     | THE FOLLOWING: show existing structure was LEGALLY subdiv                 | SEE CONDITION                                           | ISSUE DATE:  , driveway(s), improvements & setback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ERMISSION IS  IS APPLICATION  Plot plate of the properties of the  | SSUED/DENIED BY:  ON SHALL INCLUDE ALL Of in with legal description to tion shall show that the lot be prior to February 1972. In with dimensions and details tion plan with details. In showing rooms, their uses                                                                                                                                        | THE FOLLOWING: show existing structure was LEGALLY subdiv                 | SEE CONDITION                                           | ISSUE DATE:  , driveway(s), improvements & setback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ERMISSION IS  IS APPLICATION  Plot plate of the properties of the  | SSUED/DENIED BY:  ON SHALL INCLUDE ALL Of in with legal description to tion shall show that the lot be prior to February 1972. In with dimensions and details tion plan with details. In showing rooms, their uses ection of walls                                                                                                                        | THE FOLLOWING: show existing structure was LEGALLY subdiv                 | SEE CONDITION                                           | ISSUE DATE:  , driveway(s), improvements & setback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ERMISSION IS  IIS APPLICATION  Plot plate of the properties of the | SSUED/DENIED BY:  ON SHALL INCLUDE ALL Of in with legal description to tion shall show that the lot be prior to February 1972. In with dimensions and details tion plan with details. In showing rooms, their uses ection of walls difloor framing plan                                                                                                   | THE FOLLOWING: show existing structure was LEGALLY subdiv                 | SEE CONDITION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ERMISSION IS  IIS APPLICATION  Plot plate of the properties of the plate of the pla | SSUED/DENIED BY:  ON SHALL INCLUDE ALL Of in with legal description to tion shall show that the lot be prior to February 1972. In with dimensions and details tion plan with details, an showing rooms, their uses ection of walls d floor framing plan legal access to the property, e plan.                                                             | THE FOLLOWING: show existing structure was LEGALLY subdiv                 | SEE CONDITION es, adjoining streets ided through the To | ISSUE DATE:  , driveway(s), improvements & setback wn of Mesilla or that the lot has been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ERMISSION IS  ERMISSION IS  IIS APPLICATION  Plot plate of the plate o | SSUED/DENIED BY:  ON SHALL INCLUDE ALL Of in with legal description to tion shall show that the lot be prior to February 1972. In with dimensions and details tion plan with details, an showing rooms, their uses ection of walls d floor framing plan legal access to the property, e plan.                                                             | THE FOLLOWING: show existing structure was LEGALLY subdiv and dimensions. | SEE CONDITION es, adjoining streets ided through the To | ISSUE DATE:  , driveway(s), improvements & setback wn of Mesilla or that the lot has been t |
| ERMISSION IS  IS APPLICATION  Plot platic properties of the proper | SSUED/DENIED BY:  ON SHALL INCLUDE ALL Of an with legal description to tion shall show that the lot be prior to February 1972. In with dimensions and details tion plan with details, an showing rooms, their uses ection of walls difloor framing plan legal access to the property, e plan.  of architectural style and color f sewer service or a copy | THE FOLLOWING: show existing structure was LEGALLY subdiv and dimensions. | SEE CONDITION es, adjoining streets ided through the To | ISSUE DATE:  , driveway(s), improvements & setback wn of Mesilla or that the lot has been t |
| ERMISSION IS  IS APPLICATION  Plot platic platic properties of the | SSUED/DENIED BY:  ON SHALL INCLUDE ALL Of in with legal description to tion shall show that the lot be prior to February 1972. In with dimensions and details tion plan with details, an showing rooms, their uses ection of walls d floor framing plan legal access to the property, e plan.                                                             | THE FOLLOWING: show existing structure was LEGALLY subdiv and dimensions. | SEE CONDITION es, adjoining streets ided through the To | ISSUE DATE:  , driveway(s), improvements & setback wn of Mesilla or that the lot has been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

The following are requirements to be included with all building permit applications for new structures or additions to existing structures, as well as other construction or fixtures that will be permanent in nature and affect the appearance or use of the property. (This includes fences, well houses, storage units, metal sheds, photo-voltaic panels that can be seen from the ground, etc.)

#### **BUILDING PERMIT REQUIREMENTS**

- A. Completed application, including:
  - 1. Applicant's name

C.

- 2. Applicant/property owners contact information
- 3. Physical address of property
- 4. Description of work to be done, including dimensions of any construction or repairs
- 5. Value of work to be done
- 6. Property owner's signature on the application
- B. Include all information required in the checklist at the bottom of the application.

| Additional informa |           | pomt   | L.         | CIO    | ar                                     |          |
|--------------------|-----------|--------|------------|--------|----------------------------------------|----------|
| Sectam             | Abouts    | out ?  | 3 herry of |        | ······································ | ic ter   |
| each io            | ourlong a | - grap | Hem        | to any | le Le                                  | as owner |

Cesar D Gomez 3367 Estrada Mesilla, NM 88005 915-549-7335

#### Description of work:

- Paint exterior of all buildings, utilizing elastomeric paintoff white.
- Replace existing windows with vinyl double pane low-E windows.
- Replace existing metal roof on unit D with new corrugated galvalume metal roof panels from Mueller. Installation will be as per manufacturer installation recommendations.
- Replace existing exterior doors with solid core exterior wooden doors.
- Replace existing barn doors with new glass garage doors.
- Build new front and back patios
  - As per included drawing details

\* Price andes and plans

**AGENDA DATE** 

PZHAC: September 19, 2022,

BOT:

ITEM: PZHAC Case #061440 – 2242 Calle de Sur submitted by Henry Lucero to put up field fence on property, Zoned: Historical Residential (HR).

**BACKGROUND AND ANALYSIS:** Proposed work involves adding gaucho fence on property. As per site plan in the packet.

#### **IMPACT:**

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

#### Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

#### **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

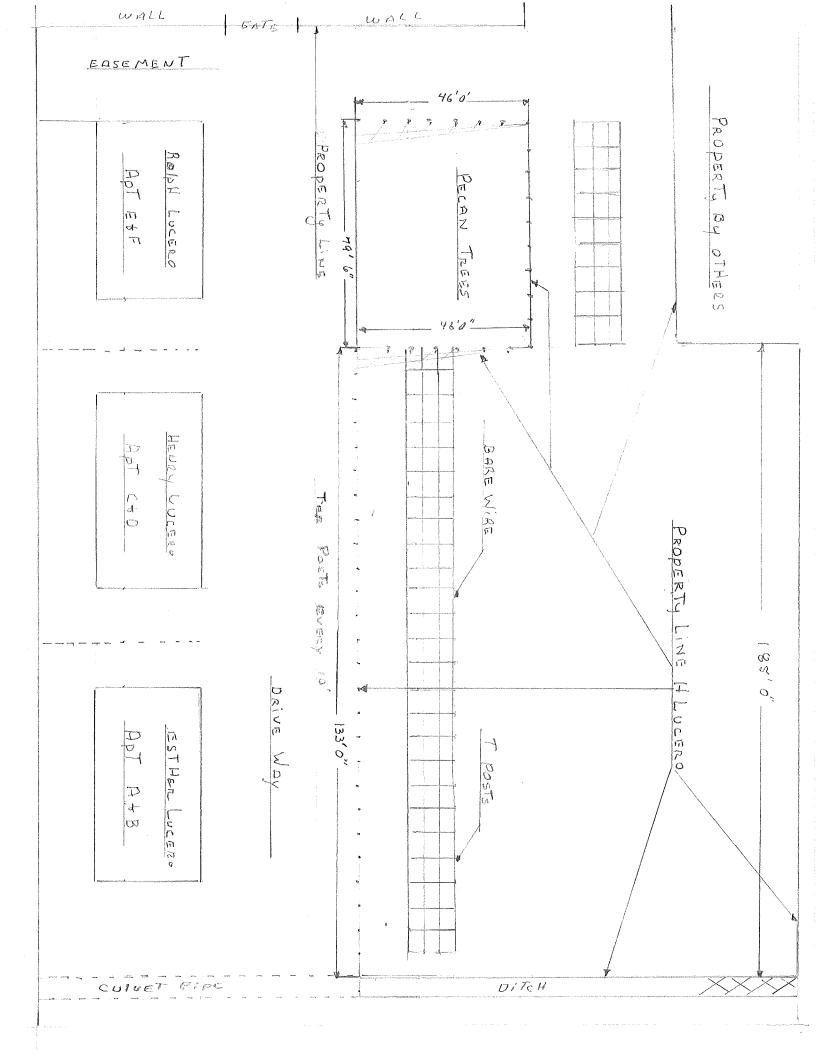
#### **DEPARTMENT RECOMMENDATIONS:**

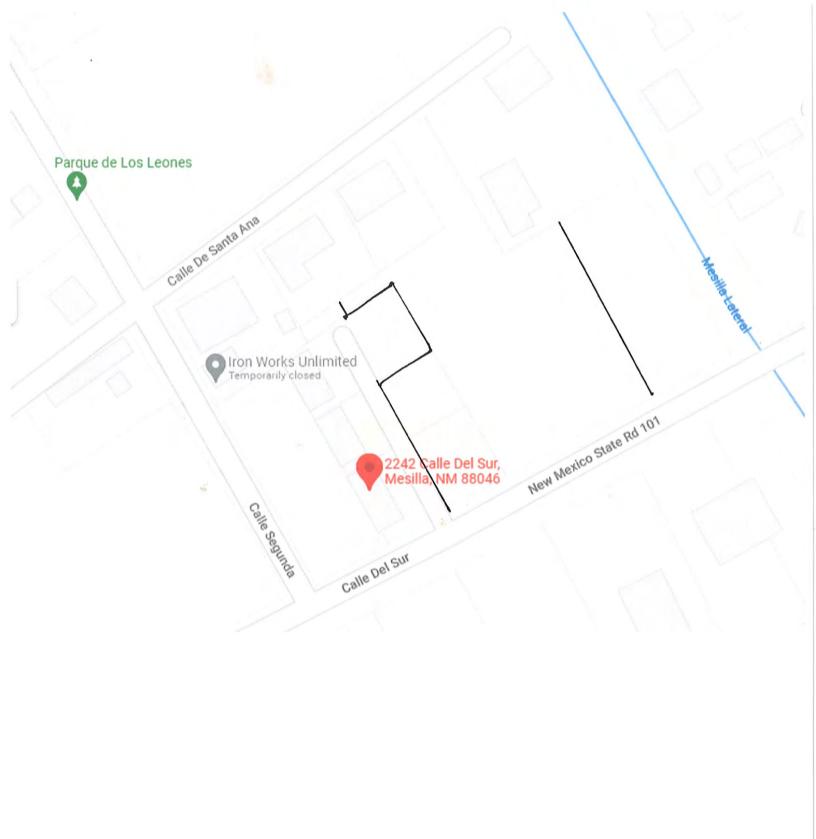
- Application
- Plans

# TOWN OF MESILLA APPLICATION FOR BUILDING PERMIT

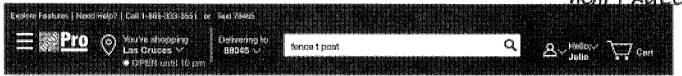


| 2231 Avenida de Mesilla, P.O. Box 10, Mesilla  CASE NO. 06/440 ZONE: 4R CODE: AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Henry R. Lucero  Property Owner  Pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 626 - 483 - 1821<br>operty Owner's Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 20 N Main St Pina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A7 85543                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| roperty Owner's Mailing Address City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| hank j 2 lucero & Yahoo . Com<br>Property Owner's E-mail Address<br>Self<br>Contractor's Name & Address (If none, indicate Self)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| onitation of Marine a Marieso (If Herio, Indicate Cell)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Contractor's Telephone Number Contractor's Tax ID Nur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address of Proposed Work: 2242 Calle del 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Dur Mesilla 88046                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Description of Proposed Work: Whee Fencing (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Gaucho High Tessile Field                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Shall be submitted electronically.  1. Plot plan with legal description to show existing structures, a Verification shall show that the lot was LEGALLY subdivided existence prior to February 1972.  2. Site Plan with dimensions and details.  3. Foundation plan with details.  4. Floor plan showing rooms, their uses, and dimensions.  5. Cross section of walls.  6. Roof and floor framing plan.  7. Proof of legal access to the property.  8. Drainage plan.  9. Details of architectural style and color scheme (checklist included for the proof of sewer service or a copy of septic tank permit; proof of Utility providing water services).  11. Proof of legal access to the property.  12. Other information as necessary or required by the Town Code or Compute the property.  Signature of Applicant | for Historical zones) – diagrams and elevations.  If water service (well permit or statement from the Public Community Development Department.    S - ID - 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| om staff, PZHAC and/or BOT before issuance of a building permit. All Bu FOR OFFICIAL USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PZHAC  Administrative Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | BOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ☐ Approved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ Disapproved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| □ Disapproved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Approved with Conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ☐ Approved with conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The state of the s |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VAL REQUIRED: YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EE CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CONDITIONS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Control of the Contro |
| YO (17) (17) (17) (17)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |









You're shopping Las Cruces ∨ O OPEN until 10 pm

Delivering to 88046 🗸

靈

Home / Outdoors / Garden Center / Garden Fencing

Internet #205960892 Model #901176EB UPC Code #099713049062 Store SKU #37 Feedback D Live Chat ①

Best Seller

Everbilt

1-3/4 in. x 3-1/2 in. x 6 ft. Green Steel Fence T-Post

★★★★ (648) ∨ Questions & Answers (62)















\$697 Buy 75 or more \$6.27

Las Cruces Store

♥ 849 in stock Aisle 24, Bay 006 Text to Me

Shop My TSC Store: Thatcher AZ Order Status

Home / Farm & Ranch / Fencing & Gates / Fence Wire & Netting / Horse & Field Fencing / Bekaert Gaucho High Tensile Field Fence, 118155

# Bekaert ▶ Gaucho High Tensile Field Fence, 118155

4.5 (764) SKU: 360687199 Reviews Questions & Answers

Specifications



Product Details



# Ship To Store

Thatcher AZ Change Store
Oversize Items Shipped to Store may incur freight charge. Check avallability at nearby stores

117

Standard Delivery

Notice: This item will ship within 2 days.

Notice: This item will ship within 2 days.

Processing prior to shipping.

Oversize Delivery - Additional fees may apply.

Same Day Delivery tem is currently not available for Same Day Delivery. Check other <u>delivery options.</u>



Add to Cart

© Contactless Curbside / Pickup and Delivery Information

Add to list

Click on image for larger full screen view. 🎤

\$239.99

No Interest If Paid In Full Within 6 Months Lean More

As a Neighbor, you are eligible to earn 1 point per dollar on this purchase.  $\underline{\text{Join Now}}$ 

Free standard delivery to your local TSC store. Some exclusions apply.....

Bufk Discount buy 10 get 5% off each. Learn More

#### AGENDA DATE

PZHAC: September 19, 2022,

BOT:

**ITEM:** PZHAC **Case** #061452 – 2282 Calle de Oeste submitted by Mariana Gallegos to place a temporary storage box on the property, **Zoned: Historical Residential (HR)**.

**BACKGROUND AND ANALYSIS:** Proposed work involves putting a temporary storage box on property for twelve months or less. As per site plan in the packet.

#### **IMPACT:**

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

#### Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

#### **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

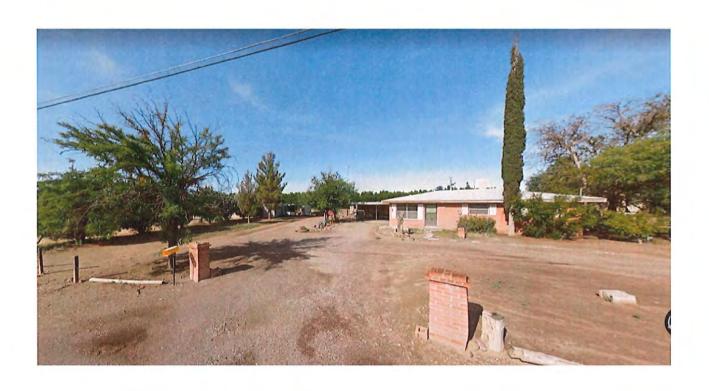
#### **DEPARTMENT RECOMMENDATIONS:**

- Application
- Plans

# TOWN OF MESILLA APPLICATION FOR BUILDING PERMIT

Permit Fee \$90.00Review Fee \$10.00Total Fee \$106.00

| Property Owner's Mailing Address Property Owner's E-mail Address Contractor's Name & Address Contractor's Telephone Number Address of Proposed Work:  Description of Proposed Work:  Property  THIS APPLICATION SHALL Is hall be submitted electronial.  Plot plan with legal Verification shall show existence prior to Fee  Site Plan with dimens  Site Plan with dimens  Cross section of walls  Roof and floor framing  Proof of legal access  Drainage plan.  Proof of sewer service Utility providing water  Proof of legal access  Cross section as results of architectura  Details of architectura  Details of architectura  Contractor's Name & Address  Proof of legal access  Sign  Proof of legal access  Application Fee is due at time rom staff, PZHAC and/or BOT  Disagn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NCLUDE ALL OF cally. description to show that the lot was or uary 1972. ions and details. details. oms, their uses, and plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City  Contractor's Tax  Calle D  THE FOLLOWING  OW existing struct  as LEGALLY sub                                                                  | S ID Number  Let De 54  G Plan sheets a tures, adjoining     | Contract South  are to be no largestreets, driveware  | Zip Code  tor's License Number  West corner                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Property Owner's Mailing Address Property Owner's E-mail Address Contractor's Name & Address Contractor's Telephone Number Address of Proposed Work: Description of Proposed Work: Descrip | NCLUDE ALL OF cally. description to show that the lot was ruary 1972. ons and details. details. oms, their uses, and plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City  Contractor's Tax  Calle D  THE FOLLOWING  OW existing struct  as LEGALLY sub                                                                  | S ID Number  Let De 54  G Plan sheets a tures, adjoining     | Contract  Sowth  are to be no largestreets, driveware | Zip Code  tor's License Number  West corner  ger than 11 x 17 inches or  ay(s), improvements & setbacks     |
| Property Owner's Mailing Address Property Owner's E-mail Address Contractor's Name & Address Contractor's Telephone Number Address of Proposed Work: Description of Proposed Work: Descrip | NCLUDE ALL OF cally. description to show that the lot was or uary 1972. ions and details. details. oms, their uses, and plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City  Contractor's Tax  Calle D  Ty Storag  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING | x ID Number  Le   Oe 5 Y  Ge Plan sheets a  tures, adjoining | Contract  South  are to be no largestreets, driveware | Zip Code  Tor's License Number  Substance Corner  ger than 11 x 17 inches or  ay(s), improvements & setback |
| Property Owner's E-mail Address Contractor's Name & Address Contractor's Telephone Number Address of Proposed Work: Description of Proposed Work: Descriptio | NCLUDE ALL OF cally. description to sho or that the lot was or the control of the | Contractor's Tax  Calle D  Ty Storag  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING                      | x ID Number  Le   Oe 5 Y  Ge Plan sheets a  tures, adjoining | Contract  South  are to be no largestreets, driveware | tor's License Number  West corner  ger than 11 x 17 inches or  ay(s), improvements & setback                |
| Contractor's Name & Address  Contractor's Telephone Number  Address of Proposed Work:  Description of Proposed Work:  OF Property  THIS APPLICATION SHALL Is shall be submitted electronical.  Plot plan with legal Verification shall show existence prior to Feb.  Site Plan with dimens.  Foundation plan with dimens.  Foor plan showing rows.  Cross section of walls.  Roof and floor framing.  Proof of legal access.  Burainage plan.  Details of architectura.  Proof of legal access.  Utility providing water.  Proof of legal access.  Check of the properties of the properties of the properties.  Proof of legal access.  Cother information as results.  Destimated Cost.  Sign.  PZHAC Admit Appropriate of Appropriate of PZHAC Admit Appropriate of PZHAC A | NCLUDE ALL OF cally. description to show that the lot was ruary 1972. ions and details. details. oms, their uses, and plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Contractor's Tax  Calle D  Ty Shorag  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING                      | G Plan sheets a                                              | South  are to be no largestreets, drivewa             | ger than 11 x 17 inches or                                                                                  |
| Contractor's Telephone Number Address of Proposed Work: Description of Proposed Work: Descriptio | NCLUDE ALL OF cally. description to show that the lot was pruary 1972. ions and details. details. oms, their uses, and plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contractor's Tax  Calle D  Ty Shorag  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING  THE FOLLOWING                      | G Plan sheets a                                              | South  are to be no largestreets, drivewa             | ger than 11 x 17 inches or                                                                                  |
| Address of Proposed Work:  Description of Proposed Work:  Property  THIS APPLICATION SHALL Is shall be submitted electronical.  Plot plan with legal Verification shall show existence prior to Feb.  Site Plan with dimens.  Foundation plan with dimens.  Foundation plan with dimens.  Floor plan showing row section of walls.  Roof and floor framing.  Proof of legal access.  Drainage plan.  Proof of sewer serving tillity providing water.  Proof of legal access.  Proof of legal access.  Sign.  Sign.  Proof of legal access.  Application Fee is due at time om staff, PZHAC and/or BOT.  PZHAC Admit Appropriate the proof of the part of the part of the proof of the part of the proof of the part of the proof of the part of the part of the proof of the part of the p | NCLUDE ALL OF cally.  description to sho ow that the lot was pruary 1972. ions and details. details. oms, their uses, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | THE FOLLOWING                                                                                                                                       | G Plan sheets a                                              | South  are to be no largestreets, drivewa             | ger than 11 x 17 inches or                                                                                  |
| THIS APPLICATION SHALL Is shall be submitted electronical.  Plot plan with legal Verification shall show existence prior to Feb.  Site Plan with dimens.  Foundation plan with dimens.  Proof of legal access.  Proof of legal access.  Proof of sewer service utility providing water.  Proof of legal access.  Proof of legal access.  Proof of legal access.  Sign.  Proof of legal access.  Proof of legal access.  Application Fee is due at times tom staff, PZHAC and/or BOT.  PZHAC Admit Appropriate the proof of legal access.  PZHAC Admit Appropriate the proof of legal access.  Appropriate the proof of legal a | NCLUDE ALL OF cally.  description to show that the lot was pruary 1972. ions and details. details. pms, their uses, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | THE FOLLOWING                                                                                                                                       | G Plan sheets a                                              | South                                                 | ger than 11 x 17 inches or                                                                                  |
| THIS APPLICATION SHALL Ishall be submitted electronic.  Plot plan with legal Verification shall show existence prior to Feb.  Site Plan with dimens.  Foundation plan with electronic plan showing row for proof of legal access for proof of legal access for proof of sewer service utility providing water for proof of legal access f | NCLUDE ALL OF cally. description to show that the lot was or uary 1972. ions and details. details. oms, their uses, and plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | THE FOLLOWING  ow existing struct  as <u>LEGALLY</u> sub                                                                                            | G Plan sheets a                                              | are to be no larg                                     | ger than 11 x 17 inches or                                                                                  |
| shall be submitted electronication.  Plot plan with legal Verification shall show existence prior to Feb.  Site Plan with dimens.  Foundation plan with dimens.  Foundation plan with dimens.  Floor plan showing row process.  Roof and floor framing.  Proof of legal access.  Drainage plan.  Details of architectura.  Proof of sewer service Utility providing water.  Proof of legal access.  Check of the process.  Sign.  Sign.  PZHAC Admit Approximation as recommendation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | cally.  description to sho by that the lot wa bruary 1972. ions and details. details. brus, their uses, an i plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ow existing struct<br>as <u>LEGALLY</u> sub                                                                                                         | tures, adjoining                                             | streets, drivewa                                      | ay(s), improvements & setback                                                                               |
| 1 Plot plan with legal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | description to sho<br>by that the lot wa<br>bruary 1972.<br>ions and details.<br>details.<br>oms, their uses, an<br>plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | as <u>LEGALLY</u> sub                                                                                                                               |                                                              |                                                       |                                                                                                             |
| Estimated Cost Sign Application Fee is due at time rom staff, PZHAC and/or BOT  PZHAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | style and color soloce or a copy of se<br>services).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | eptic tank permit;                                                                                                                                  | proof of water s                                             | ty Development l                                      | grams and elevations.<br>mit or statement from the Publ<br>Department.                                      |
| pplication Fee is due at time om staff, PZHAC and/or BOT  PZHAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | JON 4                                                                                                                                               | POA                                                          | Date                                                  | 7000                                                                                                        |
| ☐ Appro<br>☐ Disap<br>☐ Appro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of submittal. Apa<br>before issuance of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | f a building permit                                                                                                                                 | t. All Building p                                            | all permit reques<br>ermits expire af                 | ts must undergo a review proce<br>ter one year from date issued.                                            |
| ☐ Appro<br>☐ Disap<br>☐ Appro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOR OFFICIA                                                                                                                                         | L USE ONLY                                                   |                                                       |                                                                                                             |
| □ Disap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nistrative Approval<br>oved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                     |                                                              |                                                       | proved Date:<br>approved Date:                                                                              |
| □ Appr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Official States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                     |                                                              |                                                       |                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oproved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                     |                                                              | LI App                                                | proved with Conditions                                                                                      |
| PZHAC APPROVAL REQUIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | oved with condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                     |                                                              |                                                       |                                                                                                             |
| CID PERMIT/INSPECTION RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                                                                                                                                                   | PPROVAL REQ                                                  |                                                       | SNO                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | QUIKED:YE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                     |                                                              |                                                       |                                                                                                             |





#### AGENDA DATE

PZHAC: September 19, 2022,

**BOT:** 

ITEM: PZHAC Case #061453 – 1910 Calle de Parian submitted by Lillian Grijalva to repair adobe wall, **Zoned: Historical Commercial (HC).** 

**BACKGROUND AND ANALYSIS:** Proposed work involves replacing and constructing adobe wall that is deteriorating. As per site plan in the packet.

#### **IMPACT:**

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

#### Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

#### **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

#### **DEPARTMENT RECOMMENDATIONS:**

- Application
- Plans

# TOWN OF MESILLA APPLICATION FOR BUILDING PERMIT

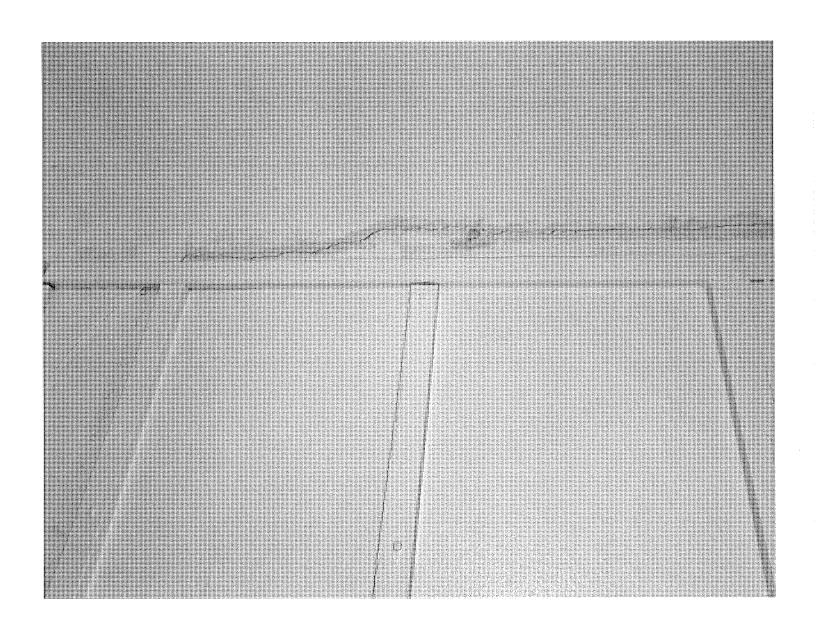
Permit Fee \$ 110,00 Review Fee \$ 19,00 Total Fee \$ 129,00

| CASE NO. OV 1455 ZONE                                                                      | 4.4                                | a, NM 88046 (575) 524-326 <mark>2</mark>                                       |                         |
|--------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------|-------------------------|
|                                                                                            |                                    | APPLICATION DATE                                                               | 7922                    |
| LILLIAN GLIJAL                                                                             |                                    | 575-621-5265                                                                   |                         |
| Name of Property Owner                                                                     | 1 1/215 1/4 - P                    | roperty Owner's Telephone Number                                               | 1 277                   |
| A.T.LLIAN BRITAL VA                                                                        | 9 1810 1141 F M SON                | U, LAS CREUES, IV. A                                                           | 7, 88005<br>Zip Code    |
| lilarialva C9                                                                              |                                    | State                                                                          | Zip Code                |
| Property Owner's E-mail Address                                                            |                                    |                                                                                |                         |
| 5ELF                                                                                       |                                    |                                                                                |                         |
| Contractor's Name & Address (If none, inc                                                  | dicate Self)                       |                                                                                |                         |
| Contractor's Telephone Number                                                              | Contractor's Tax ID No             | umber Contractor's Licen                                                       | se Number               |
| Address of Proposed Work:                                                                  | CALL DE 1                          | PARION                                                                         |                         |
| Description of Proposed Work: REPA                                                         | TR OF INTERIOR                     | AND EXTERIOR AND                                                               | BE WALLS.               |
| ROPINCS WITH SAME                                                                          |                                    |                                                                                |                         |
| FLOORING THAT NEE                                                                          |                                    |                                                                                |                         |
|                                                                                            |                                    |                                                                                |                         |
| THIS APPLICATION SHALL INCLUDE A                                                           | ALL OF THE FOLLOWING Plan          | sheets are to be no larger than 1                                              | 1 x 17 inches or        |
|                                                                                            | to show existing structures,       | adjoining streets, driveway(s), impr                                           | rovements & setbacks.   |
| Verification shall show that the                                                           | e lot was <u>LEGALLY</u> subdivide | d through the Town of Mesilla or the                                           |                         |
| existence prior to February 1972  Site Plan with dimensions and de                         |                                    |                                                                                |                         |
| 3 Foundation plan with details.                                                            | Actio.                             |                                                                                |                         |
| Floor plan showing rooms, their u                                                          | uses, and dimensions.              |                                                                                |                         |
| <ol> <li>Cross section of walls.</li> <li>Roof and floor framing plan.</li> </ol>          |                                    |                                                                                |                         |
| 7. Proof of legal access to the prope                                                      | erty.                              |                                                                                |                         |
| 8 Drainage plan.                                                                           |                                    | Article Co. Str., U.S. Alexander and Sec.                                      |                         |
|                                                                                            |                                    | l for Historical zones) – diagrams and<br>of water service (well permit or sta |                         |
| <ol> <li>Proof of sewer service or a co-<br/>Utility providing water services).</li> </ol> |                                    | of water service (well permit or sta                                           | ternent from the Public |
| 11 Proof of legal access to the prope                                                      | erty.                              |                                                                                |                         |
| 12 Other information as necessary o                                                        | or required by the Town Code or    | Community Development Departmen                                                | it.                     |
| \$5000 - 7000                                                                              | 1/2/2                              | 8/3/1                                                                          | 122                     |
| Estimated Cost Signature of Ap                                                             | plicant                            | Date                                                                           |                         |
| pplication Fee is due at time of submitt<br>om staff, PZHAC and/or BOT before issu         | tal. Apart from administrative ap  |                                                                                |                         |
|                                                                                            | FOR OFFICIAL US                    | EONLY                                                                          |                         |
| PZHAC ☐ Administrative A                                                                   | pproval                            | BOT   Approved Date                                                            | e:                      |
| □ Approved Date:                                                                           |                                    | ☐ Disapproved                                                                  | Date:                   |
| □ Disapproved Da                                                                           | ite:                               | □ Approved with                                                                | n Conditions            |
| ☐ Approved with c                                                                          | onditions                          |                                                                                |                         |
|                                                                                            | SNO BOT APPRO                      | OVAL REQUIRED: VESNO                                                           | V                       |
| PZHAC APPROVAL REQUIRED: 📈 YE                                                              |                                    | SEE CONDITIONS                                                                 |                         |
|                                                                                            | YESNOS                             | LE CONDITIONS                                                                  |                         |
| CID PERMIT/INSPECTION REQUIRED:                                                            |                                    | LE CONDITIONS                                                                  |                         |
| CID PERMIT/INSPECTION REQUIRED:                                                            |                                    | LE CONDITIONS                                                                  |                         |
| PZHAC APPROVAL REQUIRED:YE<br>CID PERMIT/INSPECTION REQUIRED:<br>CONDITIONS:               |                                    | LE CONDITIONS                                                                  |                         |

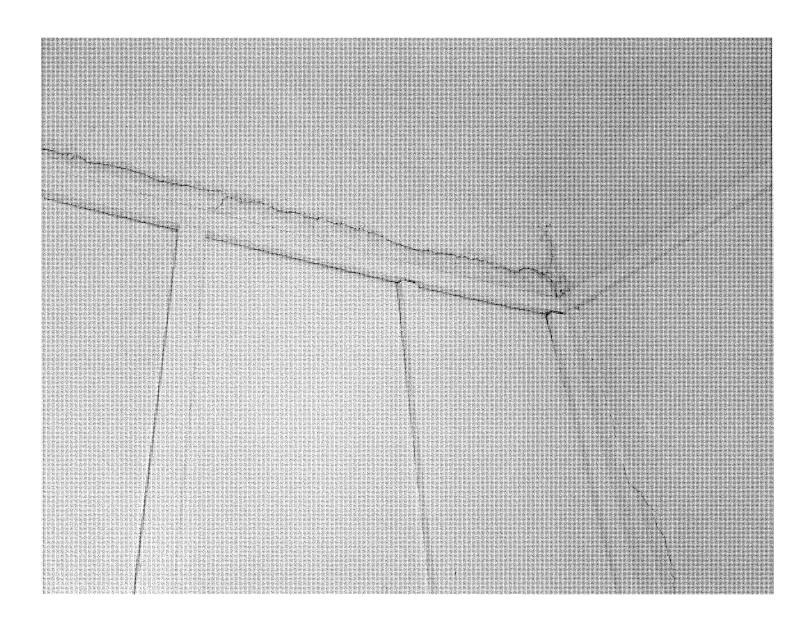








Charticotron of what this is wall or Centing



# **BOARD ACTION FORM**

# **AGENDA DATE**

PZHAC: September 6, 2022,

BOT:

ITEM: <u>BL #1027</u> – SW Mesilla Dam Trl 5 MILE. submitted by Dina Marre Ramirez for a home cleaning business license.

**BACKGROUND AND ANALYSIS:** The applicant proposes to do business in Mesilla as home cleaning service.

# IMPACT:

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

# Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

# **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

# **DEPARTMENT RECOMMENDATIONS:**

# SUPPORTING INFORMATION:

- Application
- State of New Mexico Taxation & Revenue Dept. Registration Certificate



2231 Avenida de Mesilla P.O. Box 10 Mesilla, NM 88046

Phone: (575) 524-3262

Continue to next page>>>>

Fax: (575) 541-6327

No.: 10 27

**Business Registration Application** 

Please fill out all the information on this form by typing or using blue or black ink. Return update form to the Community Development's Office in person, by email, fax or mail. Please contact us at (575) 524-3262 with any questions. Note: A separate business registration application form should be completed for each business location.

| Please check one: Business Registration Application Is: New X Renewal                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Business: LOREN 20 - DIMARI                                                                                                          |
| Name of Applicant: DINA - MARRE (MARRE)                                                                                                      |
| Business Location: SWHESIAN DAM + RL 5711 E Los CAULOS NM                                                                                    |
| Mailing Address (Street # or P.O. Box): MESIND PARK POBOX 222                                                                                |
| E-Mail Adress: DINS MARRE 10 Cloud COM 88047                                                                                                 |
| City: Los Crues State: NT Zip Code: 88047                                                                                                    |
| Phone # of Business: 5754495223                                                                                                              |
| Phone # of Business: 5754495223  Location of Business: Street MESILA DAM +RL - SMILE LCNM 88005  City: 100 CALLOS State: 110 Zin Code: 28085 |
| City: Los Caulos State: M Zip Code: 88005                                                                                                    |
| PROPERTY INFORMATION                                                                                                                         |
| Is property: owned leased _X                                                                                                                 |
| Property Owner:                                                                                                                              |
| Property Owner Address: SW MESILA DAM +RL STILE LOS CUECES TO H                                                                              |
| Property Owner Phone #: 575 - 449 5223                                                                                                       |
| Additional Information                                                                                                                       |
| Square Footage of Business:                                                                                                                  |
| Number of Employees:                                                                                                                         |
| Number of Parking Spaces:                                                                                                                    |
| Zoning Code:                                                                                                                                 |

Fire Department Inspection Verification

Schedule fire and building inspections AFTER Town staff provides approved application back to you in the following order: 1) Mesilla Fire Marshall's Office (FMO) 575-523-1311. Please retain the Yellow Fire Inspection Report issued by FMO.

A legible copy of the YELLOW Fire Inspection Report issued by FMO, must be returned by the applicant to the Community Development office.

| Fire Depart<br>Fire Inspect | oresentative Verification | <u> </u> | _ |
|-----------------------------|---------------------------|----------|---|
| Approved:                   | No                        |          |   |



# Audit & Compliance Division

Albuquerque District

# Michelle Lujan Grisham

Governor

# Stephanie Schardin Clarke

Cabinet Secretary

LORENZO-DIMARI PO BOX 222 MESILLA PARK, NM 88047-0222 August 4, 2022 NM Business Tax ID: 03-595343-00-8 Letter ID: L0830824560

# STATE OF NEW MEXICO TAXATION AND REVENUE DEPARTMENT REGISTRATION CERTIFICATE

| Date ID Issued                    | IDENTIFICATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Business Start Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 06-Aug-2022                       | 03595343008-GRT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 06-Aug-2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Business Location  SW MESILLA DAN | 1 TRL 5 MILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Business End Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| City and State  LAS CRUCES, NM    | /8/18/18/18/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Zip Code<br>88005-0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Taxpayer Name  DINA E MARRE R     | AMIREZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Taxpayer Type PROPRIETOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Firm Name  LORENZO-DIMAR          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Semiannual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Malling Address PO BOX 222        | CON EUR (III)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Service Control of the Control of th |
| City and State  MESILLA PARK, N   | IM Control of the con | Zip Code<br>88047-0222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

This Registration Certificate is issued pursuant to Section 7-1-12 NMSA 1978 for Gross Receipts, County Gross Receipts, and Municipal Gross Receipts Taxes. This copy must be displayed conspicuously in the place of business. Any purchaser of the registrants business is subject to certain requirements under Section 7-1-61 NMSA 1978.

Cabinet Secretary

By Colon

Any inquiries concerning your Identification Number should be addressed to the Audit & Compliance Division, P.O. Box 630, Santa Fe, New Mexico 87504-0630

Form Revised 02/2003

THIS CERTIFICATE IS NOT TRANSFERABLE

# STATE OF NEW MEXICO TAXATION AND REVENUE DEPARTMENT

## REGISTRATION CERTIFICATE

| Date ID Issued                   | IDENTIFICATION NUMBER | Business Start Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 06-Aug-2022                      | 03595343008-GRT       | 06-Aug-2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Business Location SW MESILLA DA  | M TRL 5 MILE          | Business End Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| City and State<br>LAS CRUCES, NM |                       | Zip Code<br>88005-0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Taxpayer Name  DINA E MARRE R    | AMIREZ                | Taxpayer Type PROPRIETOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Firm Name LORENZO-DIMA           |                       | Semiannual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Mailing Address PO BOX 222       |                       | A STATE OF THE STA |
| City and State                   |                       | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>MESILLA PARK, I</b>           | VM                    | 88047-0222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

This Registration Certificate is issued pursuant to Section 7-1-12 NMSA 1978 for Gross Receipts, County Gross Receipts, and Municipal Gross Receipts Taxes. This copy must be displayed conspicuously in the place of business. Any purchaser of the registrants business is subject to certain requirements under Section 7-1-61 NMSA 1978.

Cabinet Secretary

By Sin Chr

Any inquiries concerning your Identification Number should be addressed to the Audit & Compliance Division, P.O. Box 630, Santa Fe, New Mexico 87504-0630

Form Revised 02/2003

THIS CERTIFICATE IS NOT TRANSFERABLE

## **BOARD ACTION FORM**

# **AGENDA DATE**

PZHAC: September 19, 2022,

BOT:

ITEM: PZHAC Case #061454 — 2128 Calle de los Huertos submitted by Helen Williamson Revocable Trust to relocate well water circuit, **Zoned: Historical Residential (HR).** 

**BACKGROUND AND ANALYSIS:** Proposed work involves relocate water well circuit, As per site plan in the packet.

# IMPACT:

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

# Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

# **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

# **DEPARTMENT RECOMMENDATIONS:**

# SUPPORTING INFORMATION:

- Application
- Plans

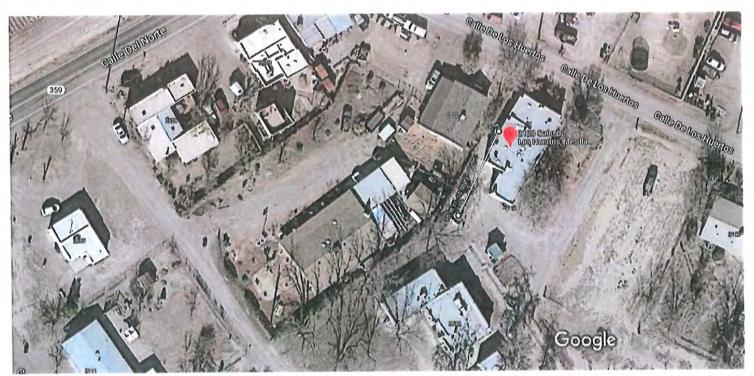
# TOWN OF MESILLA APPLICATION FOR BUILDING PERMIT



| 2231 Av                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | enida de Mesilla, P.O. B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Box 10, Mesilla, NM 8                                 | 38046 (575) 52                         | 4-3262 ext. 104E                                        | /EIT             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------|---------------------------------------------------------|------------------|
| CASE NO. OUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The state of the s | CODE: MF                                              | APPLICATIO                             |                                                         | 2)               |
| (elen William                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | usen Revercable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Living Trus                                           | t 575                                  | -202-1057                                               |                  |
| lame of Property Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11 '10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Property C                                            | wner's Telephone                       | Number                                                  |                  |
| D 150×613                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mesily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | a N                                                   | Nex                                    | 88046                                                   | _                |
| Property Owner's Mailing A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ddress City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | amson@ 4                                              | State                                  | Zip Code                                                |                  |
| Property Owner's E-mail Ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Idress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ayline i (a                                           | , C                                    | 01.11                                                   | 11               |
| Mesilla Park                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Services 6000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OS. Main S                                            | f. Stc. A                              | Mesilla Hark, N.                                        | M 880            |
| Sontractor's Name & Addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ss (If none, indicate Self)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 77425000                                              | 40                                     | 06933                                                   |                  |
| Contractor's Telephone Nur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mber Contr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | actor's Tax ID Number                                 | Contrac                                | tor's License Number                                    |                  |
| Address of Proposed Work:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 212000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Le de los H                                           | portos                                 |                                                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 1 1 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4. 17.11 cin 1                                        | 10 25                                  | 32 C. H. D.I N.                                         | rte              |
| Description of Proposed Wo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 . 01 - 11                                           | from 25.                               | 111 0                                                   | 1                |
| electric panel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | to a panel of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                                        | vertos. Dig a 10                                        |                  |
| trench 20" dee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PIZ WIGE FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | oun conduit un                                        | derground                              | from the well                                           |                  |
| house to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | duplex on 2129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LAUR AP 105                                           | HJEVTOS.                               |                                                         |                  |
| THIS APPLICATION SHAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | L INCLUDE ALL OF THE FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | OLLOWING Plan sheets                                  | are to be no lar                       | ger than 11 x 17 inches o                               | or               |
| . X Plot plan with leg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | gal description to show exis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | sting structures, adjoinin                            | g streets, drivew                      | ay(s), improvements & se                                | etbacks.         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | show that the lot was LEG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ALLY subdivided through                               | h the Town of M                        | lesilla or that the lot has                             | been in          |
| existence prior to<br>2. Site Plan with dime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | February 1972.<br>ensions and details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                                        |                                                         |                  |
| B. Foundation plan wi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                        |                                                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rooms, their uses, and dimer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nsions.                                               |                                        |                                                         |                  |
| 5 Cross section of wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                        |                                                         |                  |
| 6. Roof and floor fram                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                        |                                                         |                  |
| <ol> <li>Proof of legal acce</li> <li>Drainage plan.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ss to the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                        |                                                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ural style and color scheme (d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | checklist included for Hist                           | orical zones) – dia                    | grams and elevations.                                   |                  |
| 10. Proof of sewer se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ervice or a copy of septic tal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nk permit; proof of water                             | service (well per                      | mit or statement from th                                | e Public         |
| Utility providing wa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ater services).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                        |                                                         |                  |
| 11 Proof of legal acce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | u. B                                   | Daniel                                                  |                  |
| 12, Other information a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | as necessary or required by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ne Town Code or Commu                                 | nity Development                       | Department.                                             |                  |
| \$2,539                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Too Wille                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | amson                                                 | 2                                      | 12/22                                                   | _                |
| The state of the s | ignature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | Date                                   |                                                         |                  |
| pplication Fee is due at ti<br>om staff, PZHAC and/or B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ime of submittal. Apart from<br>OT before issuance of a build                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | administrative approvals<br>ding permit. All Building | , all permit reque<br>permits expire a | sts must undergo a review<br>fter one year from date is | process<br>sued. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFFICIAL USE ONL                                      | .Y                                     |                                                         |                  |
| PZHAC □ A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | dministrative Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | territore ette                                        | BOT □ Ap                               | proved Date:                                            |                  |
| D A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pproved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       | □ Dis                                  | sapproved Date:                                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | isapproved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       | □ Ар                                   | proved with Conditions                                  |                  |
| □ A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pproved with conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |                                        |                                                         |                  |
| ZHAC APPROVAL REQU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | JIRED: YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BOT APPROVAL RE                                       | QUIRED: VE                             | SNO                                                     |                  |
| CID PERMIT/INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | NDITIONS                               |                                                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | 7.34.4                                 |                                                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                        |                                                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                        |                                                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                        |                                                         |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t Sign MLW GW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       | 1221-                                  | Vien.                                                   |                  |
| DEDMICCION ICCLIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | / DENIED DV:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       | ISSUET                                 | IATE:                                                   |                  |

| Residential Optional Calcu                                             |                         | 9/25/1997 <b>2128 calle de l</b>                                                                               | Los Huertos., Les Williamson |
|------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------|
| V) VOI. 100 VI                                                         | Version 2011 L          | Vello                                                                                                          | ow Bird Services LLC         |
| STEP 1 Article 220.82 (B) (1),(2)  sq. ft ▼ 2367 General Lighting load | 7,101 VA                | 16110                                                                                                          | 351 N 17th Street            |
| sq. ft    2367 General Lighting load 2 Small Appliance                 | 3,000 VA                | La                                                                                                             | as Cruces NM 88005           |
| 1 Laundry circuit                                                      | 1,500 VA                |                                                                                                                | 575-523-8089                 |
| Gen.Lgt, Sm App.& Laun. Load                                           | 11,601 VA               | 8/22/2022 16                                                                                                   | :57 # 380200                 |
|                                                                        |                         |                                                                                                                |                              |
|                                                                        |                         |                                                                                                                |                              |
| STEP 2 Article 220.82 (C)                                              |                         | General lighting, Sm. Appl. & Laun                                                                             | dry 11,601 VA                |
| A/C Condenser & Fixed Electric Space Heating                           | QTY                     | Total 0                                                                                                        |                              |
| 3 ton ▼ 2,550 VA AHU 1 Select ▼                                        | VA Qty ▼                | Heating Load VA                                                                                                |                              |
| A/C#2 ▼ VA AHU 2 Select ▼                                              | VA Qty ▼                | CU Load VA                                                                                                     |                              |
| A/C #3 ▼ VA AHU 3 Select ▼                                             | VA Qty ▼                |                                                                                                                |                              |
| A/C #4 ▼ VA AHU 4 Select ▼                                             | VA Qty                  | Electric Space Heat @ 65% <4, 40% >3, vs. A/                                                                   | C @ 100% VA                  |
| A/C #5 ▼ VA AHU 5 Select ▼                                             | VA Qty ▼                |                                                                                                                |                              |
| STEP 3 Article 220.82 (B) (3)                                          |                         | Appliance Demand Load                                                                                          | 12,431 VA                    |
| 4,500 ∨A ▼ 1 Water Heater                                              | 4,500 VA                |                                                                                                                |                              |
| 1,600 VA ▼ 1 Refrigerator                                              | 1,600 VA                | Dryer Demand Load                                                                                              | 5,000 VA                     |
| 600 VA ▼ 1 Freezer                                                     | 600 VA                  |                                                                                                                | .,,                          |
| 1,100 VA ▼ 1 Dishwasher                                                | 1,100 VA                | Range Demand Load                                                                                              | VA                           |
| 828 VA ▼ 1 Disposal                                                    | 828 VA<br>540 VA        | Service Demand                                                                                                 | 17,613 VA                    |
| 540 VA ▼ 1 R / Hood<br>1.630 VA ▼ 1 Microwave                          |                         | Sel Vice Dellialid                                                                                             | 17,010 VA                    |
| 1,630 VA ▼ 1 Microwave<br>4,000 VA ▼ Microwave                         | 1,630 VA<br>VA          | Demand Load                                                                                                    | 73 A                         |
| 170 VA Mini Refrig                                                     | VA                      |                                                                                                                | , , , ,                      |
| 400 VA ▼ Wine Clr                                                      | VA                      | Neutral Demand                                                                                                 | 86 A                         |
| ☐ 5,000 VA ▼ Insta Hot                                                 | VA                      |                                                                                                                |                              |
| 1,500 VA ▼ Ironing Center                                              | VA                      | Min.Service Req.                                                                                               | 100 A                        |
| ☐ 1/6 hp 🔻 Jacuzzi Tub                                                 | 506 VA                  |                                                                                                                |                              |
| select Sprinkler Pump                                                  | VA                      | Min. Feeder size                                                                                               |                              |
| ✓ 1/2 hp ▼ Well Pump                                                   | 1,127 VA                | Min. Neutral size                                                                                              |                              |
| . select ▼ Fountain Pump                                               | VA                      | Eq. Grding Cond                                                                                                |                              |
| select   Elevator  Pool Equip, Panel                                   | VA<br>VA Apply Demai    | nd                                                                                                             | ☐ Copper                     |
| GATES                                                                  | VA No Demand            |                                                                                                                |                              |
| ☐ Other load                                                           | VA No Demand            | Total Appliance Load                                                                                           | 12,431 VA                    |
| OTED 4 A (1) Is 000 00 (B) (2)                                         |                         |                                                                                                                |                              |
| STEP 4 Article 220.82 (B) (3) Electric Clothes Dryers                  | 5,000 VA                |                                                                                                                |                              |
| STEP 5 Article 220.82 (B) (3)                                          | 0,000 171               |                                                                                                                |                              |
| Electric Ranges 8,000 W                                                | Col C demand            | 8000                                                                                                           |                              |
| or Number of appliances 0                                              |                         |                                                                                                                |                              |
|                                                                        | Cooktop<br>Cooktop      | Col B demand Col B demand                                                                                      |                              |
| ✓ Check Box for Gas Range                                              | Oven(s)                 | Col B demand                                                                                                   | •                            |
|                                                                        | Oven(s)                 | Col B demand                                                                                                   |                              |
| Number of applia                                                       | nces 0                  | Dem. Factor                                                                                                    |                              |
|                                                                        | Cooktop & Oven Demand I | ∟oad                                                                                                           | imp1ids@comcast.net          |
| >>>>>>>>                                                               | >>>>>>>                 |                                                                                                                |                              |
|                                                                        |                         |                                                                                                                |                              |
| Pool Panel Feeder Calculation                                          | (See Note)              | B N Continuous 0 Motors                                                                                        | Non-continuous<br>Motors     |
| 1                                                                      |                         |                                                                                                                |                              |
| Non-continuous 0 Spa heater 11 kVA 0                                   |                         |                                                                                                                | 240v select ▼                |
| Pool heater 3.5 ton                                                    |                         | 0 select ▼ □                                                                                                   |                              |
| Pool heater 5 ton                                                      |                         |                                                                                                                |                              |
|                                                                        |                         |                                                                                                                |                              |
|                                                                        | □ 240v 0                |                                                                                                                | ·                            |
| other load 0                                                           | 240v 0                  | tanana tanan | 0.0 Motor Neutral Load       |
|                                                                        | 240v 0                  |                                                                                                                | Neutral Load                 |
| ☐ Min.Copper Pool Feeder Minimum Panel Rating                          | AWG A                   | e Amperes Neut, load                                                                                           | TOURGE LOUG                  |
|                                                                        |                         |                                                                                                                |                              |

# Google Maps 2128 Calle De Los Huertos



Imagery ©2022 Maxar Technologies, Map data ©2022





# 2128 Calle De Los Huertos

Mesilla, NM 88046 Building











**Directions** 

Save

Nearby

Send to phone

Share

# Yellowbird Services

Quotation

"TELL THEM A LITTLE BIRD SENT YOU"

6000 Sounth Main Mesilla Park, NM. 88047 1-575-523-8089 DATE July 26, 2022
Quotation # 10001
Customer ID Williamson

Bill To:

Quotation valid until: August 5, 2022

Les Williamson 2532 Calle Del Norte

Las Cruces, NM 88005 (575)202-1057

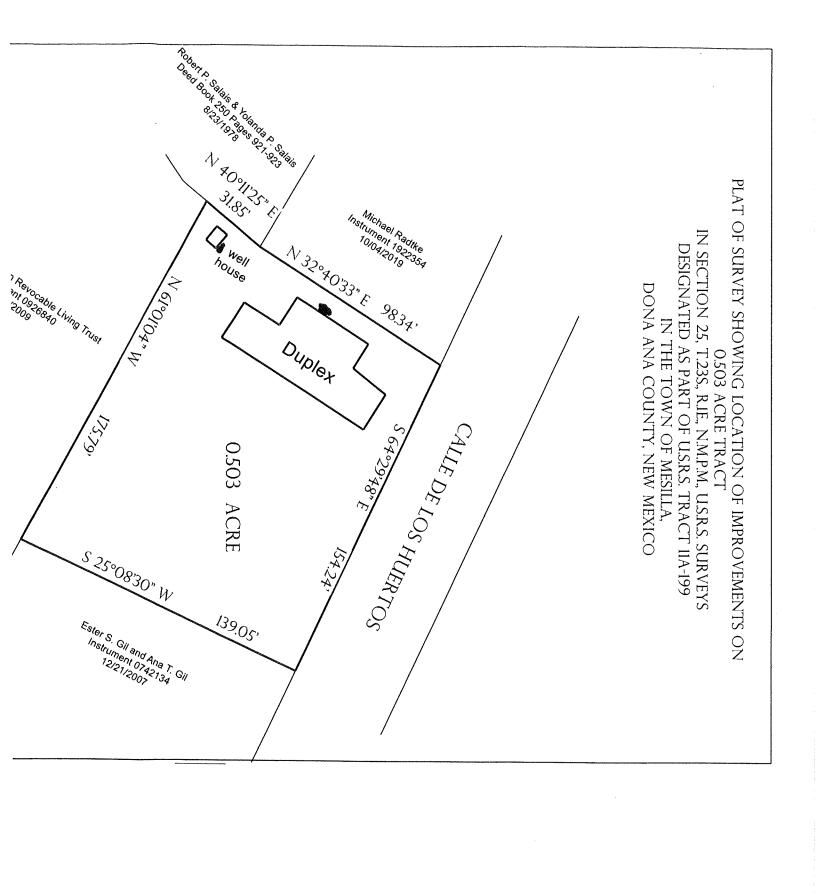
Prepared by: Matthew Salas

Comments or special instructions:

None

| Description                                           | AMOUNT      |
|-------------------------------------------------------|-------------|
| Electrical Trench \$12.00 per Foot @ 70' w/ Materials | \$840       |
| CT Module & Installation                              | \$499       |
| Ground Crew & Electrician Labor                       | \$1,200     |
|                                                       |             |
|                                                       |             |
|                                                       |             |
|                                                       |             |
|                                                       |             |
|                                                       |             |
|                                                       |             |
| TOTAL                                                 | \$ 2,539.00 |

THANK YOU FOR YOUR BUSINESS!



# **BOARD ACTION FORM**

# **AGENDA DATE**

PZHAC: September 19, 2022,

BOT:

**ITEM:** PZHAC Case #061455 – 3116 Hwy 28 submitted by Lama Properties, LLC, to finish remodel to existing structure, **Zoned: Residential Agricultural (RA).** 

**BACKGROUND AND ANALYSIS:** Proposed work involves finishing remodel to existing structure.

# IMPACT:

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

# Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

# **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

## **DEPARTMENT RECOMMENDATIONS:**

# **SUPPORTING INFORMATION:**

- Application
- Plans

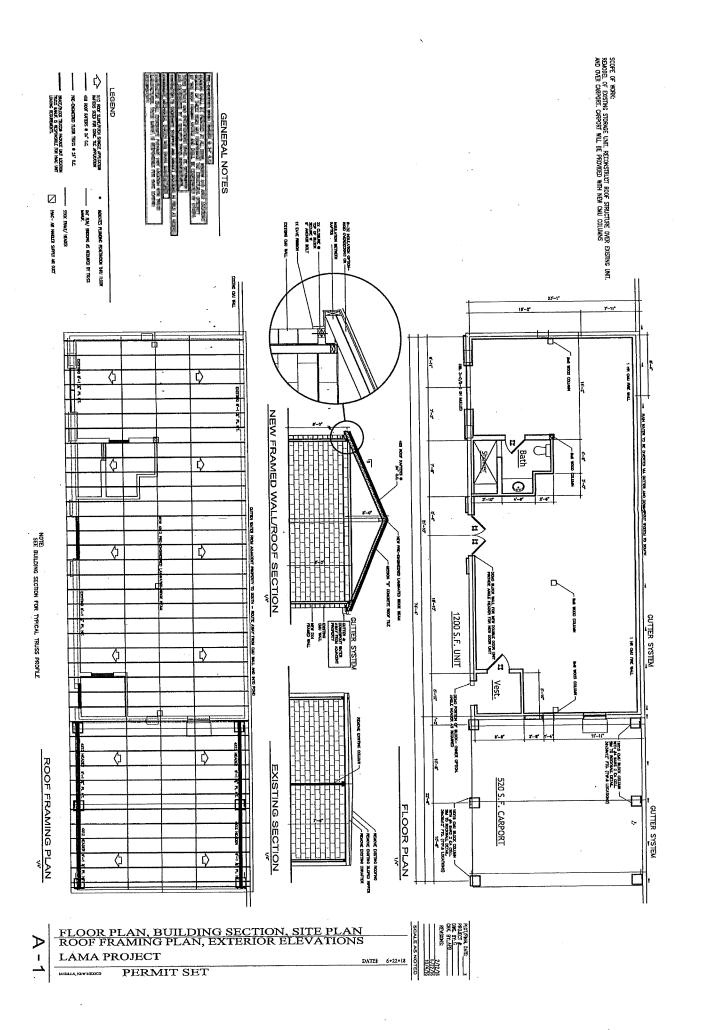
# TOWN OF MESILLA ZONING APPROVAL

# PERMISSION TO CONDUCT WORK

Case # O 6 180 Fee \$ [ 8.00

# OR OBTAIN A COMMERCIAL/RESIDENTIAL BUILDING PERMIT FROM CID

| 2231 Avenida de Mesilla, P.O. Box 10, Mesilla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| CASE NO. 06 1455 ZONE: 14 CODE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | APPLICATION DATE: 9-7-200                                                                                                         |
| Lama Properties, LLC.  Name of Property Owher  780 S. Walnut #6, Las Crue  Property Owner's Mailing Address  Nfristoed tristoeand com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Property Owner's Telephone Number  State  State  Zip Code                                                                         |
| Contractor's Telephone Number  Address of Proposed Work:  Address Of Proposed Work: | LC., Daniel Clements, 500 EL Proc<br>17694-00-0 357522<br>CID Number Contractor's License Number<br>B, Mesilla, NM.               |
| Description of Proposed Work: Finish the re<br>Structure into a worksho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | madel of an existing                                                                                                              |
| STRUCTURE INTO A WOTKSHO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | p/carport.                                                                                                                        |
| \$5,000 00 Estimated Cost Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9/8/2022<br>Date                                                                                                                  |
| Signature of property owner:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |
| With the exception of administrative approvals, all permit request<br>before issuance of a zoning permit. Plan sheets are to be no large                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s must undergo a review process from staff, PZHAC and/or BOT<br>er than 11 x 17 inches or shall be submitted electronically.      |
| FOR OFFICIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | L USE ONLY                                                                                                                        |
| PZHAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BOT   Approved Date:                                                                                                              |
| □ Approved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Disapproved Date;                                                                                                               |
| ☐ Disapproved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | □ Approved with Conditions                                                                                                        |
| ☐ Approved with conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | W. DAVI SELLING THE P.                                                                                                            |
| PZHAC APPROVAL REQUIRED:YESNO BOT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |
| CID PERMIT/INSPECTION REQUIRED: YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SEE CONDITIONS                                                                                                                    |
| CONDITIONS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |
| ERMISSION ISSUED/DENIED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ISSUE DATE:                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |
| Verification shall show that the lot was <u>LEGALLY</u> subdensistence prior to February 1972.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ures, adjoining streets, driveway(s), improvements & setbacks.<br>divided through the Town of Mesilla or that the lot has been in |
| Site Plan with dimensions and details.  Foundation plan with details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   |
| Floor plan showing rooms, their uses and dimensions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |
| Cross section of walls  Roof and floor framing plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |
| Proof of legal access to the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |
| Drainage plan.  Details of architectural style and color scheme (checklist in Proof of sewer service or a copy of septic tank pern Public Utility providing water services).                                                                                                                                                                                                                                                                                                                                                                                                                                         | cluded for Historical zones) – diagrams and elevations.<br>nit; proof of water service (well permit or statement from the         |
| Proof of legal access to the property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | de or Community Development Department (See other side.)                                                                          |
| Other information as necessary or required by the City Cod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | se of community bevelopment bepartment (see other side.)                                                                          |



# **WARRANTY DEED**

Canamex, LLC, a New Mexico limited liability company, for consideration paid, grants to LAMA PROPERTIES, LLC, a New Mexico limited liability company, whose address is <u>780 S. Walnut</u>, <u>Bldg. #6</u>, <u>Las Cruces</u>, <u>NM 88001</u>, the following described real estate in Dona Ana County, New Mexico:

Lot 2, CANAMEX ACRES, in the town of Mesilla, Dona Ana County, New Mexico, as shown and designated on the plat thereof, filed in the office of the County Clerk of said County on March 28, 2006, in Book 21 Page(s) 569 of Plat Records.

SUBJECT TO: Restrictions, Reservations and Easements of record.

with warranty covenants.

Witness its hand(s) and seal this 31st day of March, 2006.



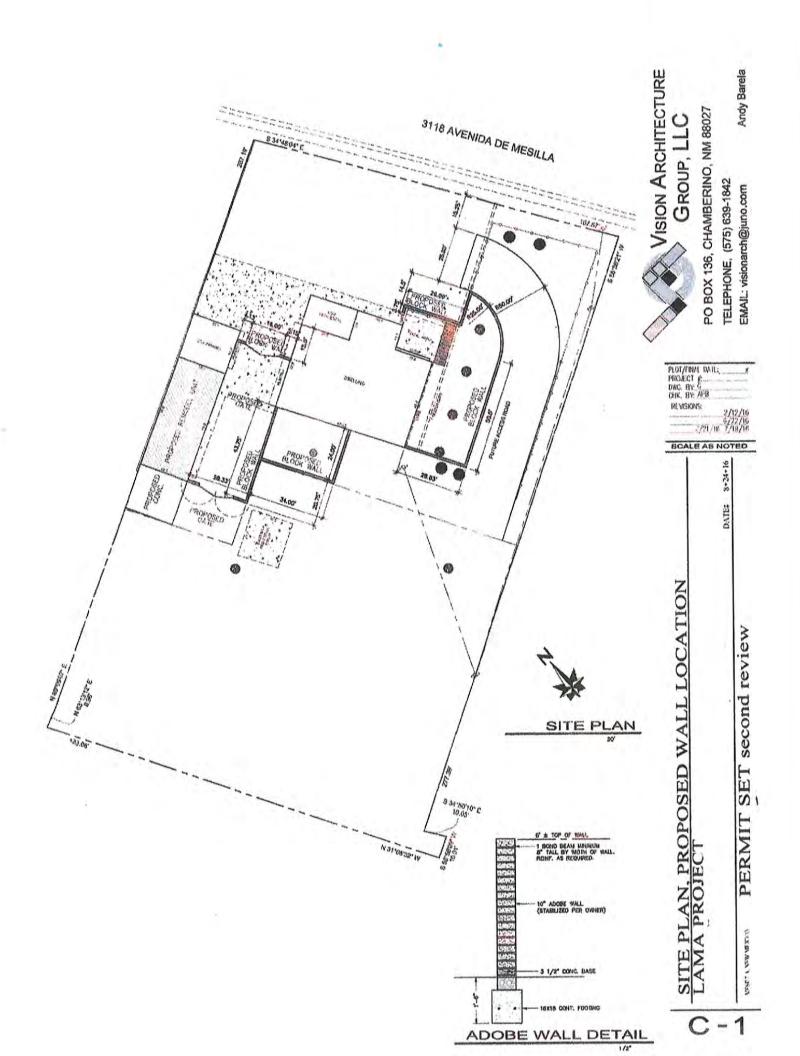
## ACKNOWLEDGMENT FOR NATURAL PERSONS

STATE OF NEW MEXICO

COUNTY OF DONA ANA

This instrument was acknowledged before me on March 31, 2006, Patrick J. Curran and Bileen D. Curran, Managers of Canamex, LLC, a New Mexico limited liability company.

| My Commission Expires: 12/15/09  OFFICIAL SEA.  LOLA D. CUNNINGHAM  NOTARY FUBLIC  STATE OF NEW MEXICO.  My Commission Engire L2/15/09                                                                                           | Notary Public  ACKNOWLEDGMENT FOR CORPORATION                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                  | STATE OF NEW MEXICO                                                                                                                         |
|                                                                                                                                                                                                                                  | COUNTY OF                                                                                                                                   |
| State of New Mexico County of Bona Analy 18 RECEPTION NO. I hereby certify that this Instrument was filed for recording and duly recorded on APR 0 3 2006  Book Page of the Records of 3 do County. Rith Records of 3 do County. | This Instrument was Acknowledged before me on, by, of, a, corporation, on behalf of said corporation.  Notary Public My Commission Expires: |



# **BOARD ACTION FORM**

# **AGENDA DATE**

PZHAC: September 19, 2022,

BOT:

ITEM: PZHAC Case #061456 – 3038 Los Arenales submitted by Jerry Gonzalez to install HVAC furnace to dwelling, **Zoned: Rural Farm (RF)**.

**BACKGROUND AND ANALYSIS:** Proposed work involves residential HVAC 3.5 ton Lennox 14 seer 17' furnace 88k BTU 72K output natural gas, 17' evaporator coil aspen.

# IMPACT:

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

# Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

# **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

## **DEPARTMENT RECOMMENDATIONS:**

# SUPPORTING INFORMATION:

- Application
- Plans

# TOWN OF MESILLA APPLICATION FOR BUILDING PERMIT



| lerry Gonzalez lame of Property Owner 3038 Los Arenales roperty Owner's Mailing Add n/a roperty Owner's E-mail Addr Yellow Bird Services Contractor's Name & Address 575-523-8089                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 575-680-0497 Property Owner's Tele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ephone Number<br>88005                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| lame of Property Owner 3038 Los Arenales Property Owner's Mailing Add n/a Property Owner's E-mail Addr Yellow Bird Services Contractor's Name & Address 575-523-8089                                                                                                                                                                              | ress City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | - 10/2006 2000 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |
| n/a<br>roperty Owner's E-mail Addr<br>Yellow Bird Services<br>contractor's Name & Address<br>575-523-8089                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 00000                                                                                                                                                             |
| Yellow Bird Services<br>Contractor's Name & Address<br>575-523-8089                                                                                                                                                                                                                                                                               | 20.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Zip Code                                                                                                                                                          |
| Contractor's Name & Address<br>575-523-8089                                                                                                                                                                                                                                                                                                       | ess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |
| 575-523-8089                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                   | (If none, indicate Self)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 406933                                                                                                                                                            |
| Contractor's Telephone Numb                                                                                                                                                                                                                                                                                                                       | er Contractor's Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ax ID Number C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Contractor's License Number                                                                                                                                       |
| ddress of Proposed Work:                                                                                                                                                                                                                                                                                                                          | 3038 Los Arenales Las Cru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ces NM 88005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                   |
| Description of Proposed Work<br>17' FURNACE LENN                                                                                                                                                                                                                                                                                                  | A CONTRACTOR OF THE PARTY OF TH | A STATE OF THE PARTY OF THE PAR | 3.5 TON LENNOX 14 SEER<br>GAS,17' EVAP.COIL ASPEN                                                                                                                 |
| Hall be submitted electron  Plot plan with legal Verification shall sh existence prior to Fe Site Plan with dimens Foundation plan with Floor plan showing re Cross section of walls Roof and floor framin Proof of legal access Drainage plan Details of architectura Proof of sewer serv Utility providing wate Cother information as  3,500.00 | description to show existing struction that the lot was LEGALLY subruary 1972. sions and details. details details. details details details details details. details details. details deta | ctures, adjoining streets, abdivided through the Townstandard for Historical zones; proof of water service (w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | driveway(s), improvements & setback on of Mesilla or that the lot has been as a diagrams and elevations. The permit or statement from the Publishment Department. |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | requests must undergo a review proce                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pire after one year from date issued.                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                   | inistrative Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | вот                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Approved Date:☐ Disapproved Date:                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                   | roved Date:<br>pproved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Approved with Conditions                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                   | roved with conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Approved with Conditions                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                   | ED:YESNO BOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | APPROVAL PEOUPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VES NO                                                                                                                                                            |
| ID PERMITINSPECTION B                                                                                                                                                                                                                                                                                                                             | EQUIRED:KESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SEE CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                   | EQUIREDNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |
| ONDITIONS.                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |

# Yellow Bird Services, LLC NM Lic#380200

Dba: Yellow Bird Solar & Yellow Bird Air Conditioning & Heating

6000 S. Main Street

Mesilla Park, NM 88047

Schedule: 575-449-3115

To:

JERRY GONZALES

3038 LOS ARENALES

**MESILLA, NM 88046** 

Quote #2003051

Comfort Consultant -

\*\*\*VALID 10 DAYS\*\*\*

Phone #1 575-???-????

Phone #2

7/23/21 Date

email:



3.50 TON LENNOX/17" FURNACE

One (1) year maintenance (2 calls/year = 2 total calls) is

Home Built 20XX Sqft 1XXX

1 Knocker = 0 C

Portable A/C or Heat/Unit-Rent/Day \$25.00 Package Units are 14 or 16 SEER Yellowbird Builder Air Purification - Halo System \$10.94 \$1,189.00 Humidifier -Stand Alone (Integrated \$1,495) \$150.00 \$1.38 **Duct Modifications** Attic Insulation/ Accessible SF \$1.45 \$0.01 Electric Vehicle Charger \$1,500.00 \$13.80 Cool Roof -Coat-Elastomer/SF - Lifetime \$1.45 50.01 Plumbing Sub Move HVAC equipment 3,500.00 Aeroseal - Duct Sealing \$2,499.00 \$22.99 **Evaporative Cooler Conversion** \$0.00 Refrigerant Line Set - Copper& Ins \$899.00 \$8.27 Remove Cooler - Seal & Cap \$0.00 \$350.00 \$3.22 \$0.00 Standard Electrical (+2495 upgrade) \$999.00 \$9.19 Solar Ad On/Trade In Promotion w/o Panels-Solar Attic Fan Promotion **Advertised Promotion** \$0.00 Availability Factor - HVAC \$0.00 Sub Total \$3,500.00 Availability Factor HVAC - % NA 0.0% Gross Receipts Tax reported on Cash Basis, A Non Recourse amount is included here \$0.00 **HVAC Subtotal** \$3,500.00 A/C Overhead/Engineering/EPE filings/ Finance/ Admin \$0.00 **HVAC Total** \$3,500.00



# **BOARD ACTION FORM**

# **AGENDA DATE**

PZHAC: September 19, 2022,

**BOT:** 

ITEM: PZHAC Case #061457 – 2415 Calle de Parian submitted by Robert Reynolds to install Solar system, **Zoned: Historical Residential (HR)** 

**BACKGROUND AND ANALYSIS:** Proposed work involves residential solar project 18 panels on ballast mount, as per site plan in the packet.

# IMPACT:

- The PZHAC has jurisdiction to recommend approval of the applicant's request for approval of this request to the BOT.
- The applicant has the authority to make an application request to the PZHAC and BOT.
- Due process was provided to the applicant.

# Specific findings of fact:

• The proposed work is on applicant's property and not in Town of Mesilla right-of-way.

# **ALTERNATIVES:**

The Planning, Zoning and Historical Appropriateness Commission (PZHAC) may:

- 1. Recommend approval of this case with findings stated above.
- 2. Recommend approval of this case with findings stated above and conditions.
- 3. Deny the application.

# **DEPARTMENT RECOMMENDATIONS:**

# SUPPORTING INFORMATION:

- Application
- Plans

# TOWN OF MESILLA ZONING APPROVAL

# PERMISSION TO CONDUCT WORK OR

Case # Cle 1457
Fee \$ Le 65.00
Fee \$ 589.00

# OBTAIN A COMMERCIAL/RESIDENTIAL BUILDING PERMIT FROM CID

2231 Avenida de Mesilla, P.O. Box 10, Mesilla, NM 88046 (575) 524-3262 ext. 104

ZONE: HZ APPLICATION DATE: 9/1/22 CASE NO. 0/957 CODE: 575-644-0829 ROBERT REYNOLDS Name of Property Owner Property Owner's Telephone Number Las Cruces 2415 CALLE DE PARIAN NM 88005 Property Owner's Mailing Address City State Zip Code Property Owner's E-mail Address Mesilla Park Services LLC Contractor's Name & Address (If none, indicate Self) 406933 575-523-8089 Contractor's Telephone Number Contractor's Tax ID Number Contractor's License Number 2415 CALLE DE PARIAN Address of Proposed Work: Description of Proposed Work: Solar project 18 panels on ballast mount. Please see attached documents for project details \$43,598,90 9/1/22 Esmeralda Villegas Estimated Cost Signature of Applicant Date Signature of property owner: ROBERT REYNOLDS With the exception of administrative approvals, all permit requests must undergo a review process from staff, PZHAC and/or BOT before issuance of a zoning permit. Plan sheets are to be no larger than 11 x 17 inches or shall be submitted electronically. FOR OFFICIAL USE ONLY **PZHAC** □ Administrative Approval BOT ☐ Approved Date: \_ □ Approved Date: \_\_\_\_ □ Disapproved Date: □ Disapproved Date: ☐ Approved with Conditions □ Approved with conditions PZHAC APPROVAL REQUIRED: \_\_\_YES \_\_\_ NO BOT APPROVAL REQUIRED: \_\_\_YES \_\_\_ NO CID PERMIT/INSPECTION REQUIRED: YES \_\_\_\_NO \_\_\_\_ SEE CONDITIONS CONDITIONS: ISSUE DATE: PERMISSION ISSUED/DENIED BY: THIS APPLICATION SHALL INCLUDE ALL OF THE FOLLOWING: Plot plan with legal description to show existing structures, adjoining streets, driveway(s), improvements & setbacks. Verification shall show that the lot was LEGALLY subdivided through the Town of Mesilla or that the lot has been in existence prior to February 1972. Site Plan with dimensions and details. Foundation plan with details. Floor plan showing rooms, their uses and dimensions. Cross section of walls Roof and floor framing plan Proof of legal access to the property. Drainage plan. Details of architectural style and color scheme (checklist included for Historical zones) - diagrams and elevations. Proof of sewer service or a copy of septic tank permit; proof of water service (well permit or statement from the Public Utility providing water services). Proof of legal access to the property. 12. Other information as necessary or required by the City Code or Community Development Department (See other side.)

# Lilley Engineering Inc.

5160 Calle Bellisima Las Cruces, New Mexico 88012 Office (575) 521-0006

August 28, 2022

Rocky Bacchus Mesilla Park Services LLC 6000 S. Main St. Mesilla Park, NM 88047

Subj: UNIRAC BALLAST MOUNTING SYSTEM - 2415 CALLE DE PARIAN, LAS CRUCES, NM

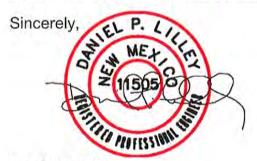
Mr. Bacchus,

I have analyzed the design location for the solar panel system on the flat roof at the subject location. The existing roof system supports the loading applied by placement of the solar panels and roof mounting system.

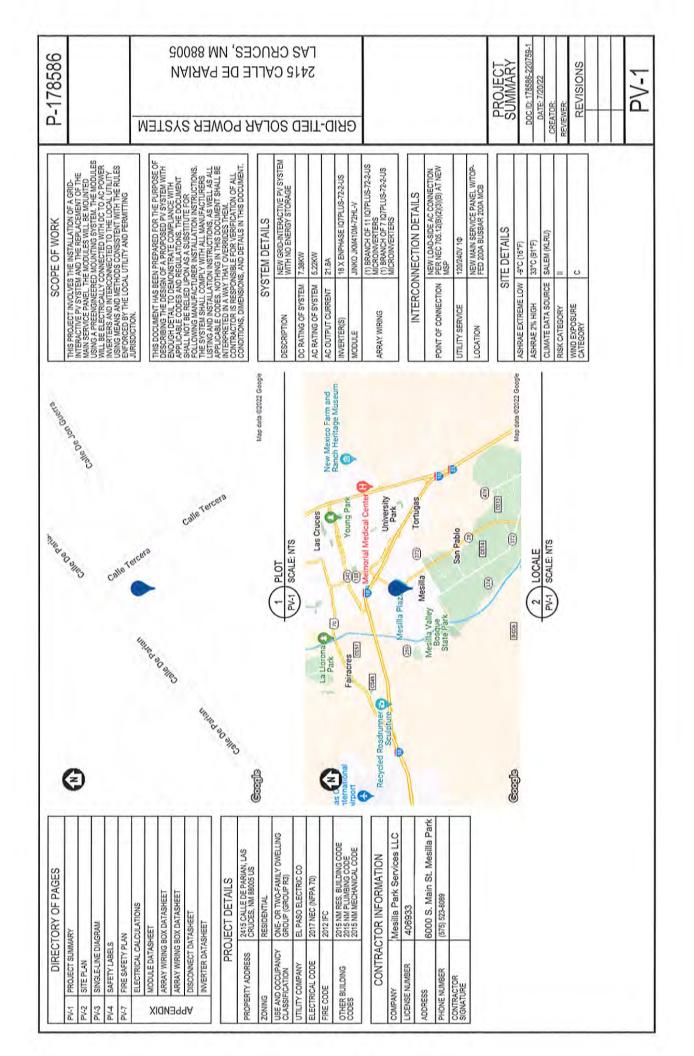
The installation contractor shall install the prescribed quantity of blocks on the Unirac ballast bays per manufacturer's suggestion (33 lb blocks). This installation will add approximately 4.7 psf to the flat roof.

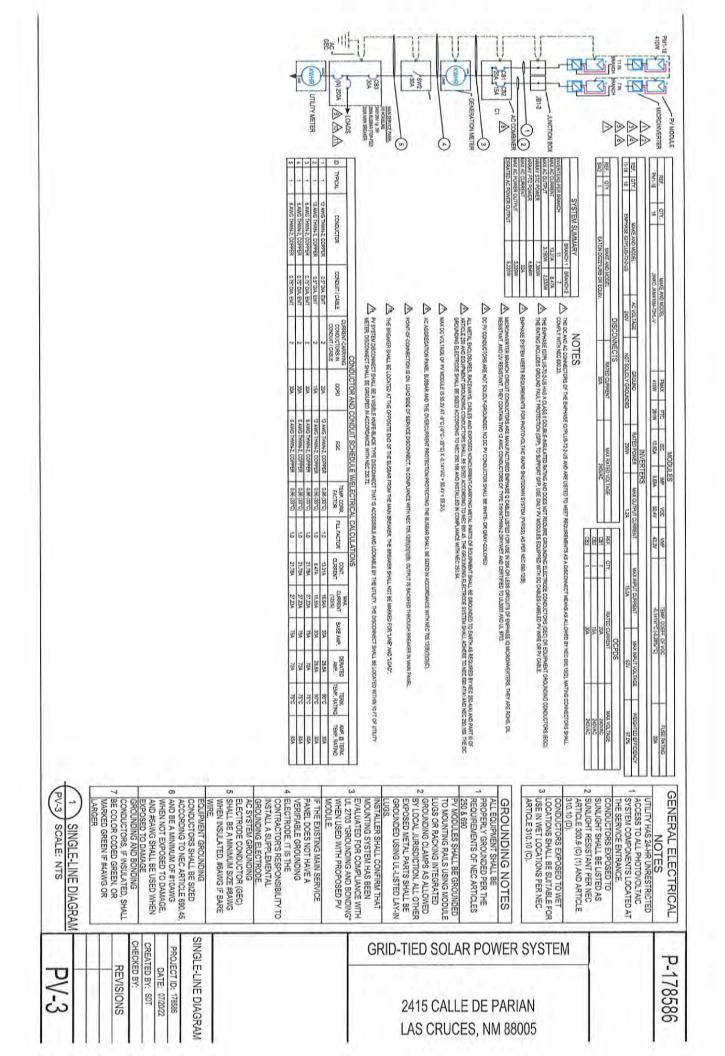
The addition of solar panels to a roof eliminates the live load (in the area the panels occupy) that would normally be applied when designing or analyzing a roof structure. The walls and roof structure will adequately support the additional weight as per design layout.

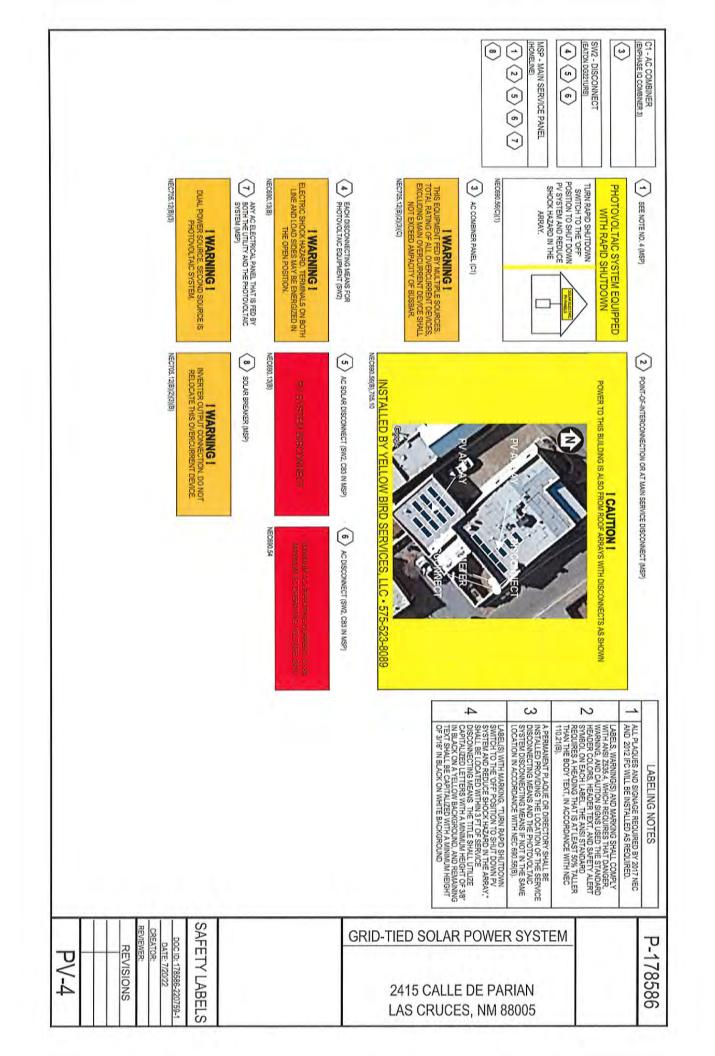
If you have any questions or concerns please contact me.



Daniel P. Lilley, P.E.









PV-7 SCALE: 1" = 20" FIRE SAFETY PLAN

0

(E) GAS METER, OUTDOOR. NO NEW ELECTRICAL EQUIPMENT SHALL BE INSTALLED WITHIN 36 INCHES OF CENTER OF GAS METER OR RISER. ROOF ACCESS POINT

THIS SYSTEM UTILIZES MICROINVERTERS. THERE ARE NO DC CIRCUITS OUTSIDE OF THE ARRAY PERIMETER OR INSIDE THE BUILDING.

CABLES, WHEN RUN BETWEEN ARRAYS, SHALL BE ENCLOSED IN CONDUIT.

3.0 FT. WIDE FIRE ACCESS PATHWAY, PER IFC 605.11.3.22

3.0 FT. WIDE SMOKE-VENTILATION SETBACK, PER IFC 605.11.3.2.4 PV MODULES INSTALLED ON ROOF WITH UNIRAC SOCLASMOUNT MOUNTING SYSTEM. THE MOUNTING SYSTEM THE MOUNTING SYSTEM IS UL 2703 CLASS A FIRE RATED ON A FLAT SLOPED ROOF WHEN INSTALLED WITH TYPE 1, 2, 3, OR 10 MODULES. THE JINKO JONA 10NA-72HL-V IS TYPE 1,

0 0

(6)

w PANELS/MODULES INSTALLED ON RESIDENTIAL BUILDINGS SHALL BE LOCATED NO HIGHER THAN 3 FEET (914 MM) BELOW THE RIDGE IN ORDER TO ALLOW FOR FIRE DEPARTMENT SMOKE VENTILATION OPERATIONS. (IFC 805.11.3.2.4)

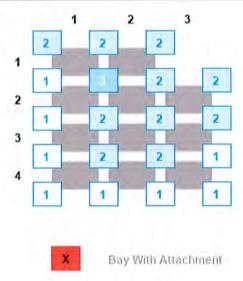
ROOF ACCESS POINTS SHALL BE LOCATED IN AREAS THAT DO NOT REQUIRE THE PLACEMENT OF GROUND LADDERS ONE OPENINGS SUCH AS WINDOWS OR DOORS, AND LOCATED AT STRONG POINTS OF BUILDING DONSTRUCTION IN LOCATIONS WHERE THE ACCESS POINT DOES NOT CONFLICT WITH OVERHEAD DRISTRUCTIONS SUCH AS TREE LIMBS, WIRES, OR SIGNS, (IFC 605.11.3.1) PANELSMODULES INSTALLED ON RESIDENTIAL
BUILDINGS WITH A SINGLE RIDGE SHALL BE LOCATED IN
A MANUER THAT PROVIDES TWO, 3-POOT-WIDE (914 MM)
A COCESS PATHWAYS FROM THE EAVE TO THE RIDGE ON
EACH ROOF SLOPE WHERE PANELSMODULES ARE
LOCATED. (IFC 805.11.3.2.2)

FIRE SAFETY PLAN DOC ID: 178586-220759 DATE: 7/20/22 REVISIONS

GRID-TIED SOLAR POWER SYSTEM

2415 CALLE DE PARIAN LAS CRUCES, NM 88005 P-178586

GENERAL NOTES



## LEGEND



Module

1

Standard corner bay with CMU block count

4

Supplemental bay with CMU block count

# NOTE

Blocks above with values greater than 4 require extra ballast bays, except north-most bays which require extra bays for values greater than 6. The proper number of bays are provided in the Bill of Materials. The installer must install these extra bays as near to the indicated location as possible.

install roof pads to every bay.

# **Layout Dimensions**

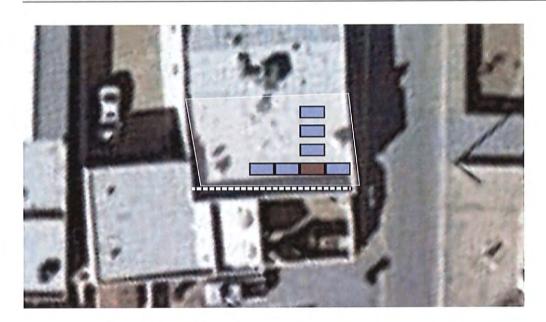
NS DIMENSION ~ 21.08 ft

EW DIMENSION - 19.83 ft

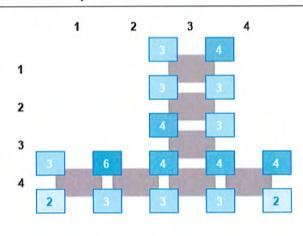
| ROW | MODULES | BAYS | BALLAST BLOCKS (CMU) | BALLAST WEIGHT (LBS) |
|-----|---------|------|----------------------|----------------------|
| 1   | 2       | 3    | 6                    | 192                  |
| 2   | 3       | 4    | 8                    | 256                  |
| 3   | 3       | 4    | 7                    | 224                  |

| 4 | 3 | 4 | 6 | 192 |
|---|---|---|---|-----|
| 5 | 0 | 4 | 4 | 128 |

# Roof Area 2



# Roof Area 2 / Roof Area 2 - Array 1



X

Bay With Attachment

## LEGEND

Module

1

Standard corner bay with CMU block count

4

Supplemental bay with CMU block count

## NOTE

Blocks above with values greater than 4 require extra ballast bays, except north-most bays which require extra bays for values greater than 6. The proper number of bays are provided in the Bill of Materials. The installer must install these extra bays as near to the indicated location as possible.

Install roof pads to every bay.

# **Layout Dimensions**

NS DIMENSION

-21.08 ft

EW DIMENSION

- 26.44 ft

| ROW | MODULES | BAYS | BALLAST BLOCKS (CMU) | BALLAST WEIGHT (LBS) |
|-----|---------|------|----------------------|----------------------|
| i   | 1       | 2    | 7                    | 224                  |
| 2   | 1       | 2    | 6                    | 192                  |
| 3   | 1       | 2    | 7                    | 224                  |
| 4   | 4       | 5    | 21                   | 672                  |
| 5   | 0       | 5    | 13                   | 416                  |
|     |         |      |                      |                      |

# Conductor, Conduit, and OCPD Sizing Validation

# 1. Maximum System Voltage Test

# 1.1. Enphase inverter w/18 Jinko JKN410M-72HL-V (410W)s

# Алтау Properties

| Апау Туре                                                  | Microinverter Array                                   |
|------------------------------------------------------------|-------------------------------------------------------|
| System Description                                         | Enphase inverter w/18 Jinko<br>JKM410M-72HL-V (410W)s |
| Module                                                     | JKM410M-72HL-V (410W)                                 |
| Highest number of modules in series in a PV Source Circuit | _                                                     |
| Design Law Temp.                                           | -9°C                                                  |
| Module Vac                                                 | 50.4V                                                 |
| Temp. Coefficient Voc                                      | -0.141V/C                                             |
| NEC Code Calculations                                      |                                                       |

# NEC Code Validation Tests

| -                                                          | JKM410M-72HL-V (410W)s |        |
|------------------------------------------------------------|------------------------|--------|
| odule                                                      | JKM410M-72HL-V (410W)  |        |
| lighest number of modules in series<br>a PV Source Circuit | 1                      |        |
| esign Low Temp.                                            | -9°C                   |        |
| fodule Voc                                                 | 50.4V                  |        |
| emp. Coefficient Voc                                       | -0.141V/C              |        |
| EC Code Calculations                                       |                        |        |
| A. Maximum Voltage of PV Source Circuit                    |                        | 55.19V |

NEC 690.7(A) requires that if the PV module manufacturer provides a temperature coefficient of open-circuit voltage, it must be used to calculate the PV array's maximum system voltage. It includes an information note recommending the use of the ASHPAE "Extreme Annual

see 690.7(A)

55.19V X 1 = 55.19V

55.19V at the design low temperature ( -9°C).

 $(-9^{\circ}\text{C} - 25^{\circ}\text{C}) \times -0.141 \text{V/C} + 50.4 \text{V} = 55.19 \text{V}$ The module Voc at the design low temperature is 55.19 V.

Mean Minimum Design Dry Bulb Temperature' as the design low temperature. Using these values, the module Voc (50.4V) will increase to

| PV Source Circuit maximum Voc must not exceed | PASS |
|-----------------------------------------------|------|
| 600V                                          |      |
| 55.19V < 600V = true                          |      |

# **NEC Code Calculations**

| see Article 100 | A. Continuous Current |  |
|-----------------|-----------------------|--|
|                 | 13.1                  |  |

Equipment maximum rated output current is 11 X 1.21A = 13.31A

**NEC Code Validation Tests** 

OCPD rating must be at least 125% of Continuous Current (240.4)

PASS

 $0.0399in^2/0.4 = 0.0997in^2$  (Corresponding to a diameter of 0.5")

| 3. Ampacity of Conductor 30A |                          |     |
|------------------------------|--------------------------|-----|
| 20, 100, 0, 0, 10, 10,       | 3. Ampacity of Conductor | 30A |

Ampacity (30°C) for a copper conductor with 90°C insulation in conduit/cable is 30A.

| - |                  |                                                                   |       |
|---|------------------|-------------------------------------------------------------------|-------|
|   | C. Derated A     | C. Derated Ampacity of Conductor 2:                               | 28.8A |
|   | see Table 310.15 | see Table 310.15(B)(3)(c), Table 310.15(B)(3)(a), and Article 100 |       |

The temperature factor for 90°C insulation at 33°C is 0.96. The fill factor for a conduit/cable that has 2 wires is 1.

The ampacity derated for Conditions of Use is the product of the conductor ampacity (30A) multiplied by the temperature factor (0.95) and by the fill factor (1).

30A X 0.96 X 1 = 28.8A

Using the method specified in 110.14(C), the maximum current permitted to ensure that the device terminal temperature does not exceed its 90°C rating would be the amount referenced in the 90°C column in Table 310.15(B)(16), which is 30A.

| <br>E. Minimum Allowed OCPD Rating | 7 |
|------------------------------------|---|
| see 240.4                          |   |

13.31A X 1.25 = 16.64A

NEC 240.4(D) requires that OCPD rating not exceed 20A when protecting a Copper 12 AWG conductor.

# 2. Wire, Conduit, and OCPD Code Compliance Validation

# 2.1. #1: AC Branch Output: Transition Box to AC Combiner

# Circuit Section Properties

| Conductor                                              | 12 AWG THWN-2, Copper                       |
|--------------------------------------------------------|---------------------------------------------|
| Equipment Ground Conductor (EGC) 12 AWG THWN-2, Copper | 12 AWG THWN-2, Copper                       |
| OCPD(s)                                                | 20A                                         |
| Raceway/Cable                                          | 0.5" dia. EMT                               |
| Lowest Terminal Temperature Rating                     | 90°C                                        |
| Maximum Wire Temperature                               | 33°C                                        |
| Power Source Description                               | Branch of 11 IQ7PLUS-72-2-US microinverters |
| Power Source Current                                   | 13.31A                                      |
| Voltage                                                | 240V                                        |

H. Minimum Recommended Conduit Size see 300.17

0.5" dia.

The total area of all conductors is 0.0399in². With a maximum fill rate of 0.4, the recommended conduit diameter is 0.5.

Conductor

12 AWG Size

Equipment Ground 12 AWG

THWN-2 THWN-2 ype

0.0133in² 0.0133ín² 0.0266in² Total Area The smallest EGC size allowed is 12 AWG for OCPD rating 20A according to Table 250.122.

G. Minimum Required EGC Size see Table 250.122

12 AWG

| Continuous Current | 13.31A |
|--------------------|--------|
| ee Article 100     |        |

| see Table 310.15(B)(16) | B. Ampacity of Conductor |   |
|-------------------------|--------------------------|---|
|                         | w                        | l |

|                                                                   |                                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| see Table 310.15(B)(3)(c), Table 310.15(B)(3)(a), and Article 100 | C. Derated Ampacity of Conductor | - Control of the Cont |
| and Article                                                       |                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 100                                                               | 28.                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Derated Ampacity must be greater than or equal to the Continuous Current (Article 100)

PASS

28.8A >= 13.31A = true

20A (OCPD Rating) <= 20A = true

OCPD rating must not exceed max OCPD rating for conductor (240.4)

PASS

Derated ampacity must exceed OCPD rating, or rating of next smaller OCPD (240.4)

20A >= 13.31A X 1.25 = true

28.8A >= 20A (OCPD Rating) = true

# D. Max Current for Terminal Temp. Rating see 110.14(C) 30A

The lowest temperature rating for this conductor at any termination is

9

Max current for terminal must be at least 125% of the Continuous Current. (110.14(C))

PASS

30A >= 13.31A X 1.25 = true

Conductor Ampacity must be at least 125% of Continuous Current (215.2(A)(1))

PASS

30A > 13.31A x 1.25 = true

œ

Conduit must meet code recommendation for minimum size (300.17)

PASS

0.5in. >= 0.5in. = true

5

EGC must meet code requirements for minimum size (Table 250.122)

PASS

12 AWG >= 12 AWG = true

NEC 690.9(B) requires that the OCPD be rated for no less than 1.25 times the Continuous Current of the circuit.

# F. Maximum Allowed OCPD Rating see 240.4(0) 20A

# 2.2. #2: AC Branch Output: Transition Box to AC Combiner

# Circuit Section Properties

| Canductor                                              | 12 AWG THWN-2, Copper                      | _ |
|--------------------------------------------------------|--------------------------------------------|---|
| Equipment Ground Conductor (EGC) 12 AWG THWN-2, Copper | 12 AWG THWN-2, Copper                      |   |
| OCPD(s)                                                | 15A                                        |   |
| Raceway/Cable                                          | 0.5" dia. EMT                              | _ |
| Lowest Terminal Temperature Rating                     | 90°C                                       |   |
| Maximum Wire Temperature                               | 33°C                                       |   |
| Power Source Description                               | Branch of 7 IQ7PLUS-72-2-US microinverters |   |
| Power Source Current                                   | 8.47A                                      |   |
| Voltage                                                | 2400                                       |   |

# NEC Code Calculations

| The state of the s | see Article 100 | A. Continuous Current |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 8.47A                 |

Equipment maximum rated output current is  $7 \times 1.21A = 8.47A$ 

The temperature factor for 90°C insulation at 33°C is 0.56. The fill factor for a condulicable that has 2 wires is 1. The ampacity detailed for Conditions of Use is the product of the conductor ampacity (30A) multiplied by the temperature factor (0.98) and by the fill factor (1).

30A X 0.96 X 1 = 28.8A

| see 110.14(C) | D. Max Current for Terminal Temp. Rating |
|---------------|------------------------------------------|
|               | p. Rating                                |
|               | 30A                                      |

The lowest temperature rating for this conductor at any termination is

Using the method specified in 110.14(C), the maximum current permitted to ensure that the device terminal temperature does not exceed its 90°C rating would be the amount referenced in the 90°C column in Table 310.15(B)(16), which is 30A.

| see 240.4 | E. Minimum Allowed OCPD Rating |  |
|-----------|--------------------------------|--|
|           | 11A                            |  |

NEC 690.9(B) requires that the OCPD be rated for no less than 1.25 times the Continuous Current of the circuit.

0.5in. >= 0.5in. = true

8.47A X 1.25 = 10.59A

| -            | П                           |
|--------------|-----------------------------|
| see 240.4(D) | •                           |
| 4(0)         | imum                        |
|              | Allowe                      |
|              | 800                         |
|              | 4 Qd                        |
|              | Maximum Allowed OCPD Rating |
|              |                             |
|              |                             |
|              | 2                           |
|              | 8                           |

NEC 240.4(D) requires that OCPD rating not exceed 20A when protecting a Copper 12 AWG conductor.

G. Minimum Required EGC Size see Table 250.122

14 AWG

The smallest EGC size allowed is 14 AWG for OCPD rating 15A according to Table 250.122.

H. Minimum Recommended Conduit Size see 300.17 0.5" dia.

The total area of all conductors is 0.0399in\*. With a maximum fill rate of 0.4, the recommended conduit diameter is 0.5.

|           | -                                                  | 2                                                  | Q.              |  |
|-----------|----------------------------------------------------|----------------------------------------------------|-----------------|--|
|           | Equipment Ground 12 AWG                            | Conductor                                          | Qty Description |  |
|           |                                                    | 12 AWG                                             | Size            |  |
|           | THWN-2 0.0133in <sup>2</sup> 0.0133in <sup>2</sup> | THWN-2 0.0133in <sup>2</sup> 0.0266in <sup>2</sup> | Туре            |  |
|           | 0.0133in²                                          | 0.0133in²                                          | Area            |  |
| 0.0399in² | 0.0133in²                                          | 0.0266in²                                          | Total Area      |  |

 $0.0399in^2 / 0.4 = 0.0997in^2$  (Corresponding to a diameter of 0.5")

# **NEC Code Validation Tests**

| PASS | Conduit must meet code recommendation for minimum size (300.17)                                                    |
|------|--------------------------------------------------------------------------------------------------------------------|
| PASS | 7 EGC must meet code requirements for minimum size (Table 250.122) 12 AWG >= 14 AWG = true                         |
| PASS | 6 Max current for terminal must be at least 125% of the Continuous Current. (110.14(C)) 30A >= 8.47A X 1.25 = true |
| PASS | Conductor Ampacity must be at least 125% of Continuous Current (215.2(A)(1)) 30A > 8.47A x 1.25 = True             |
| PASS | Derated Ampacity must be greater than or equal to<br>the Continuous Current (Article 100)<br>28.8A >= 8.47A = true |
| PASS | 3 OCPD rating must not exceed max OCPD rating for conductor (240.4) 15A (OCPD Rating) <= 20A = true                |
| PASS | Peraled ampacity must exceed OCPD rating, or rating of next smaller OCPD (240.4) 28.8A >= 15A (OCPD Rating) = true |
| PASS | CCPD rating must be at least 125% of Continuous Current (240.4) 156 >= 8.47 A X 1.25 = true                        |
|      |                                                                                                                    |

# 2.3. #3: AC Combiner Output: AC Combiner to PV Generation Meter

# Circuit Section Properties

| Conductor                                             | 6 AWG THWN-2, Copper                                  |
|-------------------------------------------------------|-------------------------------------------------------|
| Equipment Ground Conductor (EGC) 6 AWG THWN-2, Copper | 6 AWG THWN-2, Copper                                  |
| OCPD(s)                                               | 30A                                                   |
| Raceway/Cable                                         | 0.75" dia. EMT                                        |
| Lowest Terminal Temperature<br>Rating                 | 75°C                                                  |
| Maximum Wire Temperature                              | 33°C                                                  |
| Power Source Description                              | Enphase inverter w/18 Jinko<br>JKM410M-72HL-V (410W)s |
| Power Source Current                                  | 21.78A                                                |
| Voltage                                               | 240V                                                  |

# **NEC Code Calculations**

| ., Continuous Current | 21.78A |
|-----------------------|--------|
| ae Article 100        |        |

| see Table 310.15(B)(3)(c),                                        | C. Derated Ampacity of Conductor |
|-------------------------------------------------------------------|----------------------------------|
| see Table 310.15(B)(3)(c), Table 310.15(B)(3)(a), and Article 100 | of Conductor                     |
| ide 100                                                           | 724                              |

NEC 690.9(B) requires that the OCPD be rated for no less than 1.25 times the Continuous Current of the circuit.

21.78A X 1.25 = 27.22A rounded down to 27A

|   | F. Minimum Required EGC Size |
|---|------------------------------|
|   | see 250.122(B)               |
| Ý |                              |

6 AWG

| onductor                                             | 6 AWG THWN-2, Copper                                  |
|------------------------------------------------------|-------------------------------------------------------|
| quipment Ground Conductor (EGC) 6 AWG THWN-2, Copper | 6 AWG THWN-2, Copper                                  |
| CPD(s)                                               | 30A                                                   |
| aceway/Cable                                         | 0.75" dia. EMT                                        |
| owest Terminal Temperature ating                     | 75°C                                                  |
| laximum Wire Temperature                             | 33°C                                                  |
| ower Source Description                              | Enphase inverter w/18 Jinko<br>JKM410M-72HL-V (410W)s |
| ower Source Current                                  | 21.78A                                                |
| oltana                                               | 2407                                                  |

| e Article 100 | Continuous Current |  |
|---------------|--------------------|--|
|               | 21.7               |  |

Equipment maximum rated output current is 21.78A

Ampacity (30°C) for a copper conductor with 90°C insulation in conduit/cable is 75A.

| Table 3                                                         | Derate                        |  |
|-----------------------------------------------------------------|-------------------------------|--|
| 10.15/B)/                                                       | d Amp                         |  |
| 3)(c), Tab                                                      | acity of                      |  |
| e Table 310.15(B)(3)(c), Table 310.15(B)(3)(a), and Article 100 | Derated Ampacity of Conductor |  |
| (B)(3)(a),                                                      | ctor                          |  |
| and Artic                                                       |                               |  |
| de 100                                                          |                               |  |
|                                                                 | 72A                           |  |

The temperature factor for 90°C insulation at 33°C is 0.56.
The fill factor for a condutivable that has 2 wires is 1.
The ampacity derated for Conditions of Use is the product of the conductor ampacity (75A) multiplied by the temperature factor (0.96) and by the fill factor (1). 75A X 0.96 X 1 = 72A

| see 110.14(C) | D. Max Current for Terminal Temp. Rating |   |
|---------------|------------------------------------------|---|
|               | o                                        | ı |

The lowest temperature rating for this conductor at any termination is 75°C.

Using the method specified in 110.14(C), the maximum current permitted to ensure that the device terminal temperature does not exceed its 75°C rating would be the arrount referenced in the 75°C column in Table 310.15(B)(16), which is 65A.

Where conductors are oversized, the EGC must be oversized by the same rate. Table 250.122, gives a minimum EGC size of 10 AWG. Multiplied by the oversize rate, this yields 26.24kcmil corresponding to 6

(26.24kcmil / 10.38kcmil) X 10.38kcmil = 26.24kcmil

| see 300.17 | G. Minimum Recommended Conduit Size |
|------------|-------------------------------------|
|            | 0.75" dia                           |

The total area of all conductors is 0.2028in<sup>2</sup>. With a maximum fill rate of 0.4, the recommended conduit diameter is 0.75.

|     |                  |       |        |                       | 1          |
|-----|------------------|-------|--------|-----------------------|------------|
| Qty | Qty Description  | Size  | Туре   | Area                  | Total Area |
| 2   | Conductor        | 6 AWG | THWN-2 | 0.0507in²   0.1014in² | 0.1        |
| -1  | Neutral          | 6 AWG | THWN-2 | 0.0507in²   0.0507in² | 0.0        |
| 1   | Equipment Ground | 6 AWG | THWN-2 | 0.0507in²   0.0507in² | 0.0        |
| 4   |                  |       |        |                       | rui8202.0  |

0.2028in<sup>2</sup> / 0.4 = 0.507in<sup>2</sup> (Corresponding to a diameter of 0.75")

# **NEC Code Validation Tests**

|      | 0,75in, >= 0,75in, = true                                                                 |
|------|-------------------------------------------------------------------------------------------|
| PASS | 7. Conduit must meet code recommendation for minimum size (300.17)                        |
|      | 6 AWG >= 10 AWG = true                                                                    |
| PASS | EGC must meet code requirements for minimum size (Table 250.122)                          |
|      | 65A >= 21.78A X 1.25 = true                                                               |
| PASS | Max current for terminal must be at least 125% of the Continuous Current. (110.14(C))     |
|      | 75A > 21,78A x 1,25 = true                                                                |
| PASS | Conductor Ampacity must be at least 125% of Continuous Current (215.2(A)(1))              |
|      | 72A >= 21.78A = true                                                                      |
| PASS | 2. Derated Ampacity must be greater than or equal to the Continuous Current (Article 100) |
|      | 72A >= 30A (OCPD Rating) = true                                                           |
| PASS | Derated ampacity must exceed OCPD rating, or rating of next smaller OCPD (240.4)          |
|      | 30A >= 21.78A X 1.25 = true                                                               |
| PASS | OCPD rating must be at least 125% of Continuous Current (240.4)                           |
|      |                                                                                           |

# 2.4. #4: Production Meter Output: PV Generation Meter to Utility Disconnect

# Circuit Section Properties

| Conductor                                             | 6 AWG THWN-2, Copper                                   | _ |
|-------------------------------------------------------|--------------------------------------------------------|---|
| Equipment Ground Conductor (EGC) 6 AWG THWN-2, Copper | 6 AWG THWN-2, Copper                                   |   |
| OCPD(s)                                               | 30A                                                    |   |
| Raceway/Cable                                         | 0.75" dia. EMT                                         |   |
| Lowest Terminal Temperature<br>Rating                 | 75°C                                                   |   |
| Maximum Wire Temperature                              | 33°C                                                   | _ |
| Power Source Description                              | Enphase inverter w/18 Jinko<br>JKM410M-72HL-V (410VV)s |   |
| Power Source Current                                  | 21.78A                                                 |   |
| Violence                                              | NUP                                                    |   |

# NEC Code Calculations

| The state of the s | see Article 100 | A. Continuous Current |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 21.78A                |  |

Equipment maximum rated output current is 21.78A

| _                       |             |
|-------------------------|-------------|
| Se                      | 'n          |
| 7                       | ≥           |
| 30                      | 큭           |
| ů,                      | Ampacity    |
| Ö,                      | 羑           |
| see Table 310.15(B)(16, | 0           |
| 18                      | õ           |
| 16)                     | ģ           |
|                         | ₫           |
|                         | of Conducto |
| ŀ                       | ğ           |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
|                         |             |
| ļ                       |             |
|                         |             |
|                         |             |
|                         |             |
| l                       |             |
| ı                       |             |

Ampacity (30°C) for a copper conductor with 90°C insulation in conduit/cable is 75A.

```
C. Derated Ampacity of Conductor see Table 310.15(B)(3)(c), Table 310.15(B)(3)(a), and Article 100
                                72A
```

conductor ampacity (75A) multiplied by the temperature factor (0.36) and by the fill factor (1). The temperature factor for 90°C insulation at 33°C is 0.96. The fill factor for a conduit/cable that has 2 wires is 1. The ampacity derated for Conditions of Use is the product of the

 $75A \times 0.96 \times 1 = 72A$ 

| see 110.14(C) | D. Max Current for Terminal Temp. Rating |
|---------------|------------------------------------------|
|               | 65A                                      |

The lowest temperature rating for this conductor at any termination is  $75^{\circ}\text{C}$ .

Using the method specified in 110.14(C), the maximum current permitted to ensure that the device terminal temperature does not exceed its 75°C rating would be the amount reterenced in the 75°C column in Table 310.15(B)(15), which is 65A.

| E. Minimum Allowed OCPD Rating | 27A |
|--------------------------------|-----|
| ree 240.4                      |     |

NEC 690.9(B) requires that the OCPD be rated for no less than 1.25 times the Continuous Current of the circuit.

Ø

Conduit must meet code recommendation minimum size (300.17)

PASS

0.75in. >= 0.75in. = true

6 AWG >= 10 AWG = true

21.78A X 1.25 = 27.22A rounded down to 27A

F. Minimum Required EGC Size see 250.122(B) 6 AWG

Where conductors are oversized, the EGC must be oversized by the same rate. Table 250,122, gives a minimum EGC size of 10 AWG. Multiplied by the oversize rate, this yields 26.24kcmil corresponding to 6 AWG.

(26.24kcmil / 10.38kcmil) X 10.38kcmil = 26.24kcmil

The total area of all conductors is 0.2028in<sup>2</sup>. With a maximum fill rate of 0.4, the recommended conduit diameter is 0.75.

| 4         | 1                                                  | 1                   | 2                   | Ωty             |
|-----------|----------------------------------------------------|---------------------|---------------------|-----------------|
|           | Equipment Ground 6 AWG                             | Neutral             | Conductor           | Oty Description |
|           |                                                    | 6 AWG               | 6 AWG               | Size            |
|           | THWN-2 0.0507in <sup>2</sup> 0.0507in <sup>2</sup> | THWN-2              | THWN-2              | Type            |
|           | 0.0507in²                                          | 0.0507in² 0.0507in² | 0.0507in² 0.1014in² | Area            |
| 0.2028in² | 0.0507in²                                          | 0.0507in²           | 0.1014in²           | Total Area      |

 $0.2028in^2/0.4 = 0.507in^2$  (Corresponding to a diameter of 0.75")

75A

# **NEC Code Validation Tests**

| PASS | 6. EGC must meet code requirements for minimum size (Table 250, 122)                                              |
|------|-------------------------------------------------------------------------------------------------------------------|
| PASS | Max current for terminal must be at least 125% of the Continuous Current. (110.14(C)) 65A >= 21.78A X 1.25 = true |
| PASS | Conductor Ampacity must be at least 125% of Continuous Current (215.2(A)(1)) 75A > 21.78A x 1.25 = true           |
| PASS | Peraled Ampacity must be greater than or equal to the Continuous Current (Article 100)  72A >= 21.78A = true      |
| PASS | Perated ampacity must exceed OCPD rating, or rating of next smaller OCPD (240.4) 72A >= 30A (OCPD Rating) = true  |
| PASS | OCPD rating must be at least 125% of Continuous Current (240.4) 30A >= 21.76A X 1.25 = true                       |

# 2.5. #5: Utility Disconnect Output: Utility Disconnect to Main Service Panel

# Circuit Section Properties

| Conductor                                             | 6 AWG THWN-2, Copper                                  |
|-------------------------------------------------------|-------------------------------------------------------|
| Equipment Ground Conductor (EGC) 6 AWG THWN-2, Copper | 6 AWG THWN-2, Copper                                  |
| OCPD(s)                                               | 30A                                                   |
| Raceway/Cable                                         | 0.75" dia. EMT                                        |
| Lowest Terminal Temperature Rating                    | 75°C                                                  |
| Maximum Wire Temperature                              | 33°C                                                  |
| Power Source Description                              | Enphase inverter w/18 Jinko<br>JKM410M-72HL-V (410W)s |
| Power Source Current                                  | 21.78A                                                |
| Voltage                                               | 240V                                                  |

# NEC Code Calculations

| see Article 100 | A. Continuous Current |  |
|-----------------|-----------------------|--|
|                 | 21.78A                |  |

by the fill factor (1).

| ٠.        | ш                              |
|-----------|--------------------------------|
| see 240.4 | E. Minimum Allowed OCPD Rating |
|           |                                |
|           | 27A                            |

NEC 690.9(B) requires that the OCPD be rated for no less than 1.25 times the Continuous Current of the circuit.

21.78A X 1.25 = 27.22A rounded down to 27A

|                                                       | The second secon |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conductor                                             | 6 AWG THWN-2, Copper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Equipment Ground Conductor (EGC) 6 AWG THWN-2, Copper | 6 AWG THWN-2, Copper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| OCPD(s)                                               | 30A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Raceway/Cable                                         | 0.75" dia. EMT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Lowest Terminal Temperature Rating                    | 75°C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Maximum Wire Temperature                              | 33°C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Power Source Description                              | Enphase inverter w/18 Jinko<br>JKM410M-72HL-V (410W)s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Power Source Current                                  | 21.78A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Voltage                                               | 240V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Article 100 | Continuous Current |  |
|-------------|--------------------|--|
|             | 21.78              |  |

Equipment maximum rated output current is 21.78A

| see Table 310.15(B)(16) | B. Ampacity of Conductor |  |
|-------------------------|--------------------------|--|
|                         | 75A                      |  |

Ampacity (30°C) for a copper conductor with 90°C insulation in conduit/cable is 75A.

|   | see Table 310.15(B)(3)(c), Table 310.15(B)(3)(a), and Article 100 | C. Derated Ampacity of Conductor |  |
|---|-------------------------------------------------------------------|----------------------------------|--|
| - |                                                                   | 72A                              |  |

The temperature factor for 90°C insulation at 33°C is 0.96. The fill factor for a condulidable that has 2 wires is 1. The fill factor for a condulidable that has 2 wires is 7. The ampacity deraled for Conditions of Use is the product of the conductor ampacity (75A) multiplied by the temperature factor (0.96) and

75A X 0.96 X 1 = 72A

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                          | _ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------|---|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | see 110.14(C) | D. Max Current for Terminal Temp. Rating |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | rminal Temp                              |   |
| The second secon |               | . Rating                                 |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 65A                                      |   |

The lowest temperature rating for this conductor at any termination is  $75^{\circ}\mathrm{C}$ .

Using the method specified in 110.14(C), the maximum current permitted to ensure that the device terminal temperature does not exceed its 75°C rating would be the amount referenced in the 75°C column in Table 310.15(B)(16), which is 65A.

| <br>E. Minimum Allowed OCPD Rating | 27A |
|------------------------------------|-----|
| see 240.4                          |     |

| see 250,122(B) | F. Minimum Required EGC Size |
|----------------|------------------------------|
|                | 6 AWG                        |

Where conductors are oversized, the EGC must be oversized by the same rate. Table 250.122, gives a minimum EGC size of 10 AWG. Multiplied by the oversize rate, this yields 26.24kcmil corresponding to 6

(26.24kcmil / 10.38kcmil) X 10.38kcmil = 26.24kcmil

|                                               | 0 7E# Lin |
|-----------------------------------------------|-----------|
| G. Millifiulli Recollifilellueu Colluuli oize | U./O UId. |
| see 300.17                                    |           |

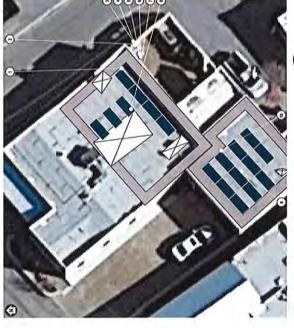
The total area of all conductors is  $0.2028in^2$ . With a maximum fill rate of 0.4, the recommended conduit diameter is 0.75.

| QΨ | Oty Description  | Size  | Туре                                                   | Area                  | Total Area |
|----|------------------|-------|--------------------------------------------------------|-----------------------|------------|
| 2  | Conductor        | 6 AWG | THWN-2                                                 | 0.0507in²   0.1014in² | 0.1014in²  |
| 1  | Neutral          | 6 AWG | THWN-2                                                 | 0.0507in²   0.0507in² | 0.0507in²  |
| 1  | Equipment Ground | 6 AWG | THWN-2   0.0507in <sup>2</sup>   0.0507in <sup>2</sup> | 0.0507in²             | 0.0507in²  |
| 4  |                  |       |                                                        |                       | 0.2028in³  |

 $0.2028in^2/0.4 = 0.507in^2$  (Corresponding to a diameter of 0.75")

# **NEC Code Validation Tests**

| 7. Conduit must meet oor minimum size (300.17) 0.75in. >= 0.75in. = true                  | 6. EGC must meet code re size (Table 250.122) 6 AWG >= 10 AWG = true                    | 5. Max current for terminal m the Continuous Current. (1 65A >= 21.78A X 1.25 = true                             | Conductor Ampacity must be at le<br>Continuous Current (215.2(A)(1))<br>75A > 21.78A x 1.25 = true      | Derated Ampacity r<br>the Continuous Cur<br>72A >= 21.78A = true                                           | Derated ampacity must exceed rating of next smaller OCPD (2 72A >= 30A (OCPD Rating) = true                      | Current (240.4) 30A >= 21.78A X 1.25 = true |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Conduit must meet code recommendation for minimum size (300.17) 0.75in. >= 0.75in. = true | EGC must meet code requirements for minimum size (Table 250.122) 6 AWG >= 10 AWG = true | Max current for terminal must be at least 125% of the Continuous Current. (110.14(C)) 65A >= 21.78A X 1.25 = rue | Conductor Ampacity must be at least 125% of Continuous Current (215.2(A)(1)) 75A > 21.78A x 1.25 = true | Derated Ampacity must be greater than or equal to the Continuous Current (Article 100) 72A >= 21.78A = tue | Derated ampacity must exceed OCPD rating, or rating of next smaller OCPD (240.4) 72A >= 30A (OCPD Rating) = true | Current (240.4) 30A >= 21.78A X 1.25 = Inue |
| PASS                                                                                      | PASS                                                                                    | PASS                                                                                                             | PASS                                                                                                    | PASS                                                                                                       | PASS                                                                                                             | 7,00                                        |



PV-2 | SCALE: 1" = 20" SITE PLAN

### ALL EMT CONDUIT FITTINGS SHALL BE LISTED AS WEATHERPROOF FITTINGS AND INSTALLED TO ENSURE A RAINTIGHT FIT, PER NEC 358,42. CONTRACTOR SHALL USE ONLY COMPONENTS LISTED BY A NATIONALLY RECOGNIZED TESTING LABORATORY FOR THE INTENDED USE. EQUIPMENT LIKELY TO BE WORKED UPON WHILE ENERGIZED SHALL BE INSTALLED IN LOCATIONS THAT STATISFY MINIMUM WORKING CLEARANCES PER NEC 110.26. CONTRACTOR IS RESPONSIBLE FOR FURNISHING ALL EQUIPMENT, CABLES, ADDITIONAL, CONDUITS, RACEWAYS, AND OTHER ACCESSORIES NECESSARY FOR A COMPLETE AND OPERATIONAL PV SYSTEM.

0

0

0

 $\Theta \Theta \Theta$ 

P-178586

GENERAL NOTES

2

3

LAS CRUCES, NM 88005

2415 CALLE DE PARIAN

(N) TRANSITION BOX, OUTDOOR, OUTPUT CIRCUIT CONDUCTORS SHALL BE RUN IN EMT CONDUIT OVER ROOF NO CLOSER THAN 0.5" ABOVE ROOF SURFACE. (N) AC COMBINER, OUTDOOR, OUTPUT CIRCUIT CONDUCTORS SHALL BE RUN IN EMT CONDUIT OVER ROOF NO CLOSER THAN 0.5" ABOVE ROOF SURFACE (N) VISIBLE, LOCKABLE, READILY-ACCESSIBLE AC DISCONNECT LOCATED WITHIN 10 FT OF UTILITY METER, OUTDOOR. (N) MAIN SERVICE PANEL (MSP), OUTDOOR (N) PRODUCTION METER, OUTDOOR

(E) GAS METER, OUTDOOR, NO NEW ELECTRICAL EQUIPMENT SHALL BE INSTALLED WITHIN 36 INCHES OF CENTER OF GAS METER OR RISER. (E) UTILITY METER, OUTDOOR

0

0

0

(N) PROPOSED ROOF-MOUNTED PHOTOVOLTAIC ARRAY, FLAT ROOF, 11 PV MODULES (SILVER FRAME, CLEAR BACKSHEET), 15" TILT, 138" AZIMUTH (N) PROPOSED ROOF-MOUNTED PHOTOVOLTAIC ARRAY, FLAT ROOF, 7 PV MODULES (SILVER FRAME, CLEAR BACKSHEET), 15" TILT, 139" AZIMUTH

(N) TRANSITION BOX, OUTDOOR, OUTPUT CIRCUIT CONDUCTORS SHALL BE RUN IN EMT CONDUIT OVER ROOF NO CLOSER THAN 0.5" ABOVE ROOF SURFACE

(2)

DOC ID: 178586-220759-SITE PLAN REVISIONS **PV-2** DATE: 7/20/22 CREATOR:

GRID-TIED SOLAR POWER SYSTEM



# Eagle HC 72M G2

390-410 Waff



### KEY FEATURES



# Diamond Cell Technology

mance 5 busbar mono PERC half cell Uniquely designed high perfor



High Voltage
Ut and IEC 1500V certified; lowers BOS costs and yields better LCOE



Higher Module Power Decrease in current lass yields higher module efficiency



### More shade tolerance due to twin Shade Tolerance

PID FREE



# Reinforced cell prevents potential induced degrado



## Strength and Durability

Certified for high snow (5400Pa) and wind (2400 Pa) loads



 ISO7001:2008 Duality Standards
 ISO74001:2004 Environmental Standards
 OHSAS:18001 Occupational Health & Safe · IEC61215, IEC61730 certified products
· UL1703 certified preducts

10 Year Product Warranty • 25 Year Linear Power Warranty

JKM410M-72HLV Dos Cel Dos Cel Dos Dos 1000 M Ful M L Danord V 150V

LINEAR PERFORMANCE WARRANTY



4

c(fl.) us IEC

### Electrical Performance & Temperature Dependence Temporature Dependence of Isc, Voc. Prazx Mono PERC Diamond Cell (JSR.75 x 158.75 mm) 144 (5×24) 2008×1002×40mm (79.06×39.45×1.57 inch) Front Glass High Transmission, Low Iron, Temperfel Glass Anodized Aluminium Alloy 12AWG, (+) 1400mm(\$5.12 in). (-) 1400mm(\$5.12 in) or Customized Length Type 1 22.5 kg (49.6 lbs) IP67 Rased Current-Voltage & Power-Voltage Curves (405M) Webspe (V) Frame Junction Box Output Cables Fre Type Weight \* D 3 (Two pullets = One stack.) 26pcs/pallet, S2pcs/stack, 572pcs/40\*HQ Container Packaging Configura

## SPECIFICATIONS

| Module Type                               | 30,030    | JKJ/290M-72HL-V | Section | JKINDBSW-72HL-V JKIM400MI-72HL-V | 38344000   | 172HLV                   | JOAKOS | JORGOSIA-72HL-V JRAIGTON-72HL-V | JR0A-10A | A-TSHL-V    |  |
|-------------------------------------------|-----------|-----------------|---------|----------------------------------|------------|--------------------------|--------|---------------------------------|----------|-------------|--|
|                                           | SEC       | STC NOCT        | STC     | STC NOCT                         | STC        | STC NOCT                 | STC    | STC NOCT                        | STC      | STC NOCT    |  |
| Maximum Power (Pmax)                      | 390Mp     | 390Mp 294Mp     | 395Wp   | 256Wp                            | 400Wp      | 400Wp 302Wp              | 405Wp  | 405Wp 306Wp                     | 410Wp    | 310Wp       |  |
| Maximum Power Voltage (Vmp)               | V1,1V     | 41,1V 39,1V     | 41.47   | 39.3V                            | 41.77      | 79.60                    | 42.0V  | 39.8V                           | 42.3V    | 40.0V       |  |
| Maximum Power Current (Imp)               | 9.49A     | 9.49A 7.54A     | 9,55A   | 7.60A                            | 9.60A      | 7.66A                    | 9.65A  | 9.65A 7.72A                     | 9,694    | 7.76A       |  |
| Open-circuit Voltage (Voc)                | 49.3V     | 48.07           | 49.5V   | 49.5V 48.2V                      | 49.8V      | 19.8V 18.5V              | 50.17  | 50.1V 48.7V                     | 50.4V    | 50.4V 48.9V |  |
| Short-circuit Current (Isc)               | 10.12A    | 10.12A 8.02A    | 10.23A  | 10,23A 8.09A                     | 10.38A     | 10.38A 8.16A             | 10.48A | 10,48A 8,22A                    | 10.60A   | 8.26A       |  |
| Module Efficiency STC (%)                 | 19.       | 19.38%          | 19)     | 19,63%                           | 19         | 19,88%                   | 20.1   | 20.13%                          | 20.3     | 20.38%      |  |
| Operating Temperature (TC)                |           |                 |         |                                  | -10.C      | 40°C-+85°C               |        |                                 |          |             |  |
| Maximum System Voltage                    |           |                 |         | 151                              | (AUDICIUL) | (SDOVDC/UL)/1500VDC/(EC) | (28    |                                 |          |             |  |
| Maximum Series Fuse Rating                |           |                 |         |                                  | 204        | 4                        |        |                                 |          |             |  |
| Power Tolerance                           |           |                 |         |                                  | 1          | 0-+3%                    |        |                                 |          |             |  |
| Temperature Coefficients of Pmax          |           |                 |         |                                  | -0.36      | -0.36%/C                 |        |                                 |          |             |  |
| Temperature Coefficients of Voc           |           |                 |         |                                  | -0.28      | -0.28%/C                 |        |                                 |          |             |  |
| Temperature Coefficients of Isc           |           |                 |         |                                  | 0.04       | 0.048%,TC                |        |                                 |          |             |  |
| Nominal Operating Cell Temperature (NOCT) | re (NOCT) |                 |         |                                  | 45         | 45±2°C                   |        |                                 |          |             |  |



NOCT: "Etradiance 800W/m2



AM=1.5







Wind Speed 1m/s

CAUTION: READ SAFETY AND INSTALLATION INSTRUCTIONS BEFORE USING THE PRODUCT.

Jain Solar-Oz. Ltd. All fights reserved. Specifications included in this datasheet are subject to change without notice. INMASO-410MA-1-US.

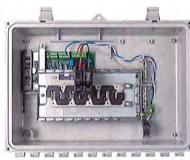
Data Sheet Enphase Networking

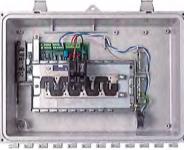
### IQ Combiner 3 Enphase

(X-1Q-AM1-240-3)

The Enphase 1Q Combiner 3" with Enphase 10 Envoy" consolidates interconnection equipment into a single enclosure and

providing a consistent, pre-wired solution for streamlines PV and storage installations by residential applications. It offers up to four 2-pole input circuits and Eaton BR series busbar assembly.







### Smart

- · Includes IQ Envoy for communication
- Flexible networking supports Wi-Fi, Ethernet, or cellular
- Optional AC receptacle available for PLC bridge
- Provides production metering and optional consumption monitoring

### Simple

- Reduced size from previous combiner
- Centered mounting brackets support single
- Up to four 2-pole branch circuits for 240 VAC plug-in breakers (not included) · Supports back and side conduit entry
  - 80 A total PV or storage branch circuits

### Reliable

- Durable NRTL-certified NEMA type 3R enclosure
- Five-year warranty
  - . UL listed



# Enphase 10 Combiner 3

| IQ Combiner 3 X-IQ-AM1-240-3                                                                                                                      | 10 Combiner 3 with Enphase 10 Envoy* printed circuit board for integrated revenue grade PV production metering (ANSI C12.20 +/-0.5%) and optional* consumption monitoring (+/-2.5%).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACCESSORIES and REPLACEMENT PARTS (not included, order separately)                                                                                | i included, order separately)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Enphase Mobile Connect* CELLMODEM-03 (45, 12-year data plan) CELLMODEM-01 (36, 5-year data plan) CELLMODEM-01 (46 based LTE-M / 5-year data plan) | Plug and play industrial grade ceillular modem with data plan for systems up to 60 microinverters. Available in the US, Canada, Mexico, Puerto Rico, and the US Virgin Islands, where there is adequate ceilular service in the installation area.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Consumption Monitoring* CT<br>CT-200-SPLIT                                                                                                        | Split core current transformers enable whole home consumption metering (+ $t$ -2.5%).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Circuit Breakers<br>BRK-10A-2-240<br>BRK-15A-2-240<br>BRK-20A-2P-2-40                                                                             | Supports Eaton BR210, BR215, BR220, BR220, BR240, BR250, and BR260 circuit breakers.<br>Circuit breaker, 2 pole, 104, Eaton BR215<br>Circuit breaker, 2 pole, 154, Eaton BR215<br>Circuit breaker, 2 pole, 15204, Eaton BR215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| EPLC-01                                                                                                                                           | Power line carrier (communication bridge pair), quantity 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| XA-PLUG-120-3                                                                                                                                     | Accessory receptacle for Power Line Carrier in 1Q Combiner 3 (required for EPLC-01)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| XA-ENV-PCBA-3                                                                                                                                     | Replacement IQ Envoy printed circuit board (PCB) for Combiner 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ELECTRICAL SPECIFICATIONS                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Rating                                                                                                                                            | Continuous duty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| System voltage                                                                                                                                    | 120/240 VAC, 60 Hz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Eaton BR series busbar rating                                                                                                                     | 125.A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Max. continuous current rating (output to grid)                                                                                                   | 65 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Max, fuse/circuit rating (output)                                                                                                                 | 90 A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Branch circuits (solar and/or storage)                                                                                                            | Up to four 2-pole Eaton BR series Distributed Generation (DG) breakers only (not included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Max. continuous current rating (input from PV)                                                                                                    | 64.A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Max. total branch circuit breaker rating (input)                                                                                                  | 80A of distributed generation / 90A with IQ Envoy breaker included                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Production Metering CT                                                                                                                            | 200 A solid core pre-installed and wired to IQ Envoy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| MECHANICAL DATA                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Dimensions (WxHxD)                                                                                                                                | 49,5 x 37,5 x 16,8 cm (19,5" x 14,75" x 6.63"). Height is 21.06" (53.5 cm with mounting brackets).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Weight                                                                                                                                            | 7.5 kg (16.5 lbs)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Ambient temperature range                                                                                                                         | -40° C to +46° C (-40° to 115° F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Cooling                                                                                                                                           | Natural convection, plus heat shield                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Enclosure environmental rating                                                                                                                    | Ourdoor, NRTL-certified, NEMA type 3R, polycarbonate construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Wire sizes                                                                                                                                        | 2. 20 A to SGA breaker inputs: 14 to 4 AWIV copper conductors 5.64 breaker branch input 4 to 1/0 AWIS copper conductors 5.64 breaker branch input 4 to 1/0 AWIS copper conductors 5.64 breaker branch input 4 to 1/0 EVI AWIS copper conductors 5.64 breaker and ground: 14 to 1/0 Copper conductors 6.65 AWING SGA GOOD CONDUCTORS 6.65 AWING SGA |
| Altitude                                                                                                                                          | To 2000 meters (6,560 feet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| INTERNET CONNECTION OPTIONS                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Integrated WI-Fi                                                                                                                                  | 802.11b/g/n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Ethernet                                                                                                                                          | Optional, 802.3, CatSE (or Cat 6) UTP Ethernet cable (not included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Cellular                                                                                                                                          | Optional, CELLMODEM-01 (3G) or CELLMODEM-03 (4G) or CELLMODEM-M1 (4G based LTE-M) for inclinical.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

To learn more about Enphase offerings, visit enphase.com

© 2018 Enghase Energy, All rights reserved. All trader 2018-09-13

UL 1741
CAN/CSA (22.2 No. 107.1
CAN/CSA (22.2 No. 107.1
THE AT CFR, Part 15, Class B, ICES 003
Production metering, ANSI C12.20 accuracy class 0.5 (PV production)

UL 60601-1/CANCSA 22.2 No. 61010-1

Compliance, IQ Envoy

\* Consumption monitoring is required for Enphase Storage Systems.

Compliance, Combiner



Data Sheet Enphase Networking

1Q Combiner (X-IQ-AM1-240-B) Enphase

providing a consistent, pre-wired solution for residential The Enphase IQ Combiner" with Enphase IQ Envoy" single enclosure and streamlines PV installations by consolidates interconnection equipment into a applications.

Plug and play industrial grade cellidar modern with data plan for systems up to 60 mintoinverters. (Available in the US, Canada, Mexico, Pentro Rico, and the US Virgin Islands, where there is adequate cellular service in the installation area.)

CELLMODEM-03 (46 / 12-year data plan) CELLMODEM-01 (3G / 5-year data plan)

ACCESSORIES (order separately)

IQ Combiner X-IQ-AMT-240-B

MODEL NUMBER

**ELECTRICAL SPECIFICATIONS** 

Solar branch circuit breakers

Maximum system voltage

Rated output current

Consumption Monitoring CT CT-200-SPLIT

Enphase IQ Combiner

Split core current transformers enable whole home consumption metering (+/- 2.5%).

Three 2-pole 20 A/240 VAC DIN rail-mounted breakers

240 VAC 48 A 16 A 60 A

Continuous duty

200 A solid core pre-installed and wired to IQ Envoy

Maximum fuse/circuit breaker rating (output)

Production Metering CT

MECHANICAL DATA

Dimensions (WxHxD)

Rated input current, each input

38.0 x 38.7 x 20.3 cm (15.0"x 15.3" x 8.0")

10 Combiner with Enphase IQ Envoy\* for Integrated revenue grade PV production metering (ANSI C12.20 +/- 0.5%) and optional consumption monitoring (+/- 2.5%).



### Smart

- Includes IQ Envoy for communication and control
- Flexible networking supports Wi-Fi, Ethernet, or cellular

### Simple

· Three pre-installed 20 A / 240 VAC circuit breakers

Optional, CELLMODEM-01 (3G) or CELLMODEM-03 (4G) - not included

UL 916 CANUCSA C22.2 No. 61010-1 47 CFR, Part 15, Class B, ICES 003 IEC/ENS (1010-12010). ENSD065-1, EN61000-4-5, EN61000-6-2 Metering: ANSI C12.20 accuracy class 0.5

802.3, CatSE (or Cat 6) UTP Ethernet cable - not included

Outdoor, NRTL-certified, NEMA type 3R, polycarbonate construction

Enclosure environmental rating

Wire size Cooling Weight

Ambient temperature range

Vented, natural convection, plus heat shield

-40° C to +46° C (-40° to 115° F)

5.1 kg (11.2 lbs)

14 to 6 AWG copper conductors for branch inputs.
14 to 4 AWG copper conductors for combined output.
Follow local code requirements for conductor sizing.

To 2000 meters (6,560 feet)

INTERNET CONNECTION OPTIONS

Integrated Wi-Fi

Provides production metering and optional

Compliance, Combiner

COMPLIANCE

Compliance, 1Q Envoy

### Reliable

- Durable NRTL-certified NEMA type 3R enclosure
- Five-year warranty









# To learn more about Enphase offerings, visit enphase.com

warks or brands in this document are registered by their respective owner © 2017 Enphase Energy, All rights reserved. All trad 2017-08-17



### pe.eaton.com

## Eaton general duty non-fusible safety switch

### DG221URB

UPC:782113120232

### Dimensions:

- Height: 10.81 IN
  - Length: 6.88 IN
    - Width: 6.38 IN

### Weight:6 LB

Notes:WARNING! Switch is not approved for service entrance unless a neutral kit is installed.

### Warranties:

eighteen (18) months from the date of shipment Eaton Selling Policy 25-000, one (1) year from the date of installation of the Product or of the Product, whichever occurs first.

### Specifications:

- · Type: Non-fusible, single-throw
- Amperage Rating: 30A
   Enclosure: NEMA 3R, Rainproof
- Enclosure Material: Painted galvanized steel
  - · Fuse Configuration: Non-fusible
    - · Number Of Poles: Two-pole
- Number Of Wires: Two-wire
   Product Category: General duty safety switch
  - Voltage Rating: 240V

# Supporting documents:

- Eatons Volume 2-Commercial Distribution
- Eaton Specification Sheet DG221URB

### Certifications:

Product compliance: No Data



Data Sheet Enphase Microinverters Region: AMERICAS

### Microinverters 1Q 7 and 1Q 7+ Enphase

dramatically simplify the installation process while Enphase IQ 7 Micro" and Enphase IQ 7+ Micro" achieving the highest system efficiency. The high-powered smart grid-ready

IQ Envoy", Enphase IQ Battery", and the Enphase IQ 7+ Microinverters integrate with the Enphase Enlighten" monitoring and analysis software. Part of the Enphase IQ System, the IQ 7 and

undergo over a million hours of power-on testing, standards set forth by previous generations and enabling Enphase to provide an industry-leading IQ Series Microinverters extend the reliability warranty of up to 25 years.

# Easy to Install

- Lightweight and simple
- Faster installation with improved, lighter two-wire cabling Built-in rapid shutdown compliant (NEC 2014 & 2017)

## Productive and Reliable

- Optimized for high powered 60-cell and 72-cell\* modules
  - More than a million hours of testing
    - Class II double-insulated enclosure

### Smart Grid Ready

- Complies with advanced grid support, voltage and frequency ride-through requirements
  - Remotely updates to respond to changing grid requirements
- Configurable for varying grid profiles · Meets CA Rule 21 (UL 1741-SA)
- The IQ 7+ Micro is required to support 72-cell modules



commission of the commission o



# Enphase IQ 7 and IQ 7+ Microinverters

| INPUT DATA (DC)                                          | 1Q7-60-2-US / 1Q7-60-8-US                                                                   | IQ7-60-8-US                                                                                                                                     | 1Q7PLUS-72-2                             | IQ7PLUS-72-2-US / IQ7PLUS-72-B-US                                                                                                                                                                     |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Commonly used module pairings!                           | 235 W - 350 W +                                                                             |                                                                                                                                                 | 235 W - 440 W +                          |                                                                                                                                                                                                       |
| Module compatibility                                     | 50-cell PV modules only                                                                     | iles only                                                                                                                                       | 60-cell and 72-                          | 60-cell and 72-cell PV modules                                                                                                                                                                        |
| Maximum Input DC voltage                                 | 48 V                                                                                        |                                                                                                                                                 | V09                                      |                                                                                                                                                                                                       |
| Peak power tracking voltage                              | 27.4-37.4                                                                                   |                                                                                                                                                 | 27V-45V                                  |                                                                                                                                                                                                       |
| Operating range                                          | 16 V - 48 V                                                                                 |                                                                                                                                                 | 16 V - 60 V                              |                                                                                                                                                                                                       |
| Min/Max start voltage                                    | 22 V / 48 V                                                                                 |                                                                                                                                                 | 22 V / 60 V                              |                                                                                                                                                                                                       |
| Max DC short circuit current (module Isc)                | 15.A                                                                                        |                                                                                                                                                 | 15.A                                     |                                                                                                                                                                                                       |
| Overvoltage class DC port                                | 11                                                                                          |                                                                                                                                                 | m                                        |                                                                                                                                                                                                       |
| DC port backfeed current                                 | DA                                                                                          |                                                                                                                                                 | 0.4                                      |                                                                                                                                                                                                       |
| PV array configuration                                   | 1 x 1 ungrounde<br>AC side protecti                                                         | 1 x 1 ungrounded array. No additional DC side protection required;<br>AC side protection requires max 20A per branch circuit                    | nal DC side protec<br>A per branch circo | tion required;                                                                                                                                                                                        |
| DUTPUT DATA (AC)                                         | 1Q 7 Microinverter                                                                          | rter                                                                                                                                            | 1Q 7+ Microinverter                      | verter                                                                                                                                                                                                |
| Peak outbut power                                        | 250 VA                                                                                      |                                                                                                                                                 | 295 VA                                   |                                                                                                                                                                                                       |
| Maximum continuous output power                          | 240 VA                                                                                      |                                                                                                                                                 | 290 VA                                   |                                                                                                                                                                                                       |
| Nominal (L-L) voltage/range <sup>2</sup>                 | 240 V /                                                                                     | 208 V /                                                                                                                                         | 240 V/                                   | 208 V/                                                                                                                                                                                                |
|                                                          | Z11-264 V                                                                                   | 183-229                                                                                                                                         | Z11-264 V                                | V 622-581                                                                                                                                                                                             |
| Maximum continuous output current                        | (V U+2) × U.1                                                                               | (1.13 m (200 v)                                                                                                                                 | 60 Hz                                    | ( a 507 ) W ( 501                                                                                                                                                                                     |
| Extended fractionary range                               | 47-68 Hz                                                                                    |                                                                                                                                                 | 47 - 68 Hz                               |                                                                                                                                                                                                       |
| AC short circuit fault current over 3 cycles             | 5.8 Arms                                                                                    |                                                                                                                                                 | 5.8 Arms                                 |                                                                                                                                                                                                       |
| Maximum units per 20 A (L-L) branch circuit <sup>2</sup> | 16 (240 VAC)                                                                                | 13 (208 VAC)                                                                                                                                    | 13 (240 VAC)                             | 11 (208 VAC)                                                                                                                                                                                          |
| Overvoltage class AC port                                |                                                                                             |                                                                                                                                                 | - III                                    |                                                                                                                                                                                                       |
| AC port backfeed current                                 | 0.4                                                                                         |                                                                                                                                                 | DA                                       |                                                                                                                                                                                                       |
| Power factor setting                                     | 1.0                                                                                         |                                                                                                                                                 | 1.0                                      |                                                                                                                                                                                                       |
| Power factor (adjustable)                                | 0.85 leading 0                                                                              | 0.85 lagging                                                                                                                                    | 0.85 leading                             | 0.85 lagging                                                                                                                                                                                          |
| EFFICIENCY                                               | @240 V                                                                                      | @208 V                                                                                                                                          | @240 V                                   | @208 V                                                                                                                                                                                                |
| Peak efficiency                                          | 97.6%                                                                                       | 97.6%                                                                                                                                           | 97.5%                                    | 97.3 %                                                                                                                                                                                                |
| CEC weighted efficiency                                  | 97.0 %                                                                                      | 97.0%                                                                                                                                           | 97.0%                                    | 97.0%                                                                                                                                                                                                 |
| MECHANICAL DATA                                          |                                                                                             |                                                                                                                                                 |                                          |                                                                                                                                                                                                       |
| Ambient temperature range                                | -40°C to +65°C                                                                              |                                                                                                                                                 |                                          |                                                                                                                                                                                                       |
| Relative humidity range                                  | 4% to 100% (condensing)                                                                     | idensing)                                                                                                                                       |                                          |                                                                                                                                                                                                       |
| Connector type (IQ7-60-2-US & IQ7PLUS-72-2-US)           |                                                                                             | MC4 (or Amphenol H4 UTX with additional Q-DCC-5 adapter)                                                                                        | Iditional Q-DCC-5                        | sdapter)                                                                                                                                                                                              |
| Connector type (IQ7-60-8-US & IQ7PLUS-72-8-US)           |                                                                                             | Friends PV2 (MC4 intermateable). Adaptors for modules with MC4 or UTX connectors: -PV2 to MC4: order ECA-520-522 -PV2 to UTX: order ECA-520-525 | UTX connectors:                          |                                                                                                                                                                                                       |
| Dimensions (WxHxD)                                       | 212 mm x 175 m                                                                              | 212 mm x 175 mm x 30.2 mm (without bracket)                                                                                                     | iout bracket)                            |                                                                                                                                                                                                       |
| Weight                                                   | 1.08 kg (2.38 lbs)                                                                          |                                                                                                                                                 |                                          |                                                                                                                                                                                                       |
| Cooling                                                  | Natural convection - No fans                                                                | on-No fans                                                                                                                                      |                                          |                                                                                                                                                                                                       |
| Approved for wet locations                               | Yes                                                                                         |                                                                                                                                                 |                                          |                                                                                                                                                                                                       |
| Pollution degree                                         | PD3                                                                                         |                                                                                                                                                 |                                          |                                                                                                                                                                                                       |
| Enclosure                                                | Class II double-                                                                            | Class II double-insulated, corrosion resistant polymeric enclosure                                                                              | n resistant polyme                       | ric enclosure                                                                                                                                                                                         |
| Environmental category / UV exposure rating              | NEMA Type 6 / outdoor                                                                       | outdoor                                                                                                                                         |                                          |                                                                                                                                                                                                       |
| FEATURES                                                 |                                                                                             |                                                                                                                                                 |                                          |                                                                                                                                                                                                       |
| Communication                                            | Power Line Com                                                                              | Power Line Communication (PLC)                                                                                                                  |                                          |                                                                                                                                                                                                       |
| Monitoring                                               | Enlighten Mana<br>Both options rec                                                          | Enlighten Manager and MyEnlighten monitoring options.<br>Both options require installation of an Enphase IQ Ervoy.                              | en monitoring optiv<br>an Enphase IQ En  | ons.                                                                                                                                                                                                  |
| Disconnecting means                                      | The AC and DC disconnect requ                                                               | The AC and DC connectors have be disconnect required by NEC 690.                                                                                | een evaluated and                        | The AC and DC connectors have been evaluated and approved by UL for use as the load-break disconnect required by NEC 690.                                                                             |
| Compliance                                               | CA Rule 21 (UL 1741-SA)                                                                     | 1741-SA)                                                                                                                                        | Darri 15 Place B                         | CA Rule 21 (UL 1741-SA)                                                                                                                                                                               |
|                                                          | CAN/CSA-C22.2 ND. 107.1-01<br>This product is UL Listed as P<br>NEC-2017 section 690.12 and | 2 NO. 107.1-01<br>UL Listed as PV Ra<br>on 690.12 and C22.                                                                                      | pid Shut Down Equ<br>1-2015 Rule 64-21   | CAN/CSA-C22 2 NO. 1071-01  CAN/CSA-C22 2 NO. 1071-01  The product is UL Labed as PV Rapid Shut Down Equipment and conforms with NEC-2014 and NEC-2014 and NEC-2017 and CALCAUT SHAPPER SPERMS; for AC |
|                                                          | and DC conduct                                                                              | ors, when installed                                                                                                                             | according manuf                          | and DC conductors, when installed according manufacturer's instructions.                                                                                                                              |

No enforced DC/AC ratio. See the compatibility calculator at litting/iterahase.comb. to normal union union union union union transcent the transcent union union fraction of the transcent union union

To learn more about Enphase offerings, visit enphase.com

0.2018 Enchase Energy. All rights reserved. All trades 2018-11-19





### **U-BUILDER PROJECT REPORT**

VERSION: 3.1.6

PROJECT TITLE
ROOFMOUNT RM10

PROJECT ID 60673123

CREATED

July 20, 2022, 8:59 a.m.

NAME

Robert Reynolds

ADDRESS

2415 Calle De Parian

CITY, STATE

Las Cruces, NM

MODULE

Jinko JKM410M-72HL-V

Designed by will.kemp@yellowbirdservices.com

ROOFMOUNT RM10

Jinko

18 - JKM410M-72HL-V

389.86 ft<sup>2</sup>

7.38 KW

NOTE: Installation of the project is intended to happen within the year of project designed in UBuilder. If it's past one year please rerun the design or contact Unirac Engineering Services.

### **ENGINEERING REPORT**

| Plan review                        |                | Inspection                            |                           |
|------------------------------------|----------------|---------------------------------------|---------------------------|
| AVERAGE PSF                        | 5.73 psf       | PRODUCT                               | ROOFMOUNT RM10            |
|                                    |                | MODULE MANUFACTURER                   | Jinko                     |
| TOTAL NUMBER OF MODULES            | 18             | MODEL                                 | JKM410M-72HL-\            |
| TOTAL KW                           | 7.38 KW        | MODULE WATTS                          | 410 watts                 |
| OTAL MODULE AREA                   | ~652 ft²       | MODULE LENGTH                         | 79.06                     |
| OTAL WEIGHT ON ROOF                | 3735 lbs       | MODULE WIDTH                          | 39.45                     |
| RACKING WEIGHT                     | 123 lbs        | MODULE THICKNESS                      | 1.57'                     |
| MODULE WEIGHT                      | 893 lbs        | MODULE WEIGHT                         | 49.60 lbs                 |
| BALLAST WEIGHT                     | 2720 lbs       | BALLAST BLOCK (CMU) WEIGHT            | 32.0 lbs                  |
| MAX BAY LOAD (DEAD)                | 245 lbs        | MAX BLOCKS PER NORTH BAY              | 6                         |
| ATTACHMENT COUNT                   | 0              | MAX BLOCKS PER NON NORTH BAY          |                           |
| TOTAL SEISMIC ATTACHMENTS REQUIRED | 0              | BUILDING HEIGHT                       | 15.00 f                   |
| Loads Used for Design              |                | ROOF TYPE                             | MINERAL_CAF               |
| could book for books               | A. F. C. C.    | PARAPET HEIGHT                        | <= 1/2 Array Height (<= 6 |
| BUILDING CODE                      | ASCE 7-10      |                                       | inches                    |
| BASIC WIND SPEED                   | 115.00 mph     | RISK CATEGORY                         | , i                       |
| GROUND SNOW LOAD                   | 0.00 psf       | ATTACHMENTS OPTIMIZATION CRITERIA     | Maximize Ballas           |
| SEISMIC (SS)                       | 0.287          | ATTACHMENT TYPE                       | UNIRAC FLASHLOC RM        |
| ELEVATION                          | 4187.00 ft     | ATTACHMENT CAPACITY UPLIFT            | 620.0 lbs                 |
| WIND EXPOSURE                      | В              | ATTACHMENT CAPACITY SHEAR             | 523.0 lbs                 |
| MRI                                | 25             | CONTROLLING COMPONENT UPLIFT          | RACKING                   |
| RISK CATEGORY                      | - 90           | CAPACITY  CONTROLLING COMPONENT SHEAR | RACKING                   |
| VELOCITY PRESSURE, QZ              | 12.55 psf      | CAPACITY                              | RACKING                   |
| Loads Determined by Zip            | 88005          |                                       |                           |
| CITY, STATE                        | Las Cruces, NM |                                       |                           |
| BASIC WIND SPEED                   | 115.00 mph     |                                       |                           |
| GROUND SNOW LOAD                   | 0,00 psf       |                                       |                           |

### Roof Area 1 - Array 1

| AVERAGE PSF              | 4.17 psf            | MINIMUM SEISMIC SEPARATION (UNATTACHED ARRAYS) *      |      |
|--------------------------|---------------------|-------------------------------------------------------|------|
|                          |                     | ARRAY TO ARRAY:                                       | 3.0" |
| TOTAL NUMBER OF MODULES: | 11                  | TO FIXED OBJECT ON ROOF:                              | 6.0" |
| TOTAL KW:                | 4.51 KW             | TO ROOF EDGE WITH QUALIFYING PARAPET:                 | 6.0" |
| TOTAL AREA:              | 385 ft <sup>2</sup> | TO ROOF EDGE WITHOUT QUALIFYING PARAPET:              | 9.0" |
| TOTAL WEIGHT ON ROOF:    | 1604 lbs            | MAX ARRAY (SEISMIC) (FOR UNATTACHED ARRAYS) *         |      |
| RACKING WEIGHT:          | 67 lbs              | MAX NUMBER OF NORTH-SOUTH ROWS:                       | 24   |
| MODULE WEIGHT:           | 546 lbs             | MAX NUMBER OF EAST-WEST COLUMNS:                      | 53   |
| BALLAST WEIGHT:          | 992 lbs             | *In jurisdictions that follow SEAOC PV-1 methodology. |      |
| ATTACHMENT COUNT         | O                   |                                                       |      |
| SEISMIC ATTACHMENT COUNT | 0                   |                                                       |      |

### Roof Area 2 - Array 1

| Part of the second       |                     | And the part of the same of th |      |
|--------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| AVERAGE PSF              | 7.98 psf            | MINIMUM SEISMIC SEPARATION (UNATTACHED ARRAYS) *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |
|                          |                     | ARRAY TO ARRAY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3.0" |
| TOTAL NUMBER OF MODULES: | 7                   | TO FIXED OBJECT ON ROOF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6.0" |
| TOTAL KW:                | 2.87 KW             | TO ROOF EDGE WITH QUALIFYING PARAPET:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6.0" |
| TOTAL AREA:              | 267 ft <sup>2</sup> | TO ROOF EDGE WITHOUT QUALIFYING PARAPET:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9.0" |
| TOTAL WEIGHT ON ROOF:    | 2131 lbs            | MAX ARRAY (SEISMIC) (FOR UNATTACHED ARRAYS) *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| RACKING WEIGHT:          | 56 lbs              | MAX NUMBER OF NORTH-SOUTH ROWS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12   |
| MODULE WEIGHT:           | 347 lbs             | MAX NUMBER OF EAST-WEST COLUMNS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 25   |
| BALLAST WEIGHT:          | 1728 lbs            | *In jurisdictions that follow SEAOC PV-1 methodology.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |
| ATTACHMENT COUNT         | O                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| SEISMIC ATTACHMENT COUNT | O                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                          |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |

### RM10 U-BUILDER PRODUCT ASSUMPTIONS

### RM10 - Ballasted Flat Roof Systems

Limitations of Responsibility: It is the user's responsibility to ensure that inputs are correct for your specific project.

Unirac is not the solar, electrical, or building engineer of record and is not responsible for the solar, electrical, or building design for this project.

### **Building Assumptions**

- 1. Risk Category III
- 2. Building Height ≤ 50 ft
- 3. Building Height > 50 ft: only where (longest length of building x building height) $^{\circ}0.5 \le 100$  ft
- 4. Roof Slope ≥ 0° (0:12) and ≤ 3° (5/8:12) for Seismic Design Category C, D, E and F. For low seismic regions Seismic Design Category A and B (provided Array Importance factor = 1.0), Roof Slope ≥ 0° (0:12) and ≤ 7° (1 1/2:12).
- 5. Roofing Material Types: EDPM, PVC, TPO, or Mineral Cap
- 6. Surrounding Building Grade: Level

### **Ballast Blocks**

The installer is responsible for procuring the ballast blocks (Concrete Masonry Units – CMU) and verifying the required minimum weight needed for this design. CMU should comply with ASM standard specification for concrete roof pavers designation (C1491 or C90 with an integral water repellent suitable for the climate it is placed. It is recommended that the blocks are inspected periodically for any signs of degradation. If degradation of the block is observed, the block should immediately be replaced.

The CMU ballast block should have nominal dimensions of 4"x8"x16". The actual block dimensions are 3/8" less than the nominal dimensions. Ballast blocks should have a weight as specified for the project in the "Inspection" section of this report.

### **Design Parameters**

- 1. Risk Category I to III
- 2. Wind Design
  - a. Basic Wind Speed: 85-120 mph (ASCE 7-05)/110-150 mph (ASCE 7-10)/90-180 mph (ASCE 7-16)
  - b. Exposure: B, C or D (ASCE 7-05/ASCE 7-10)
  - c. 25 year Design Life/50 year Design Life for ASCE 7-16
  - d. Elevation: Insertion of the project at grade elevation can result in a reduction of wind pressure. If your project is in a special case study region or in an area where wind studies have been performed, please verify with your jurisdiction to ensure that elevation effects have not already been factored into the wind speed. If elevation effects have been included in your wind speed, please select 0 ft as the project site elevation.
  - e. Wind Tunnel Testing; Wind tunnel testing coefficients have been utilized for design of the system.
- 3. Snow Design
  - a. Ground Snow Load: 0-80 psf (ASCE 7-10/ASCE 7-16)
  - b. Exposure Factor: 0.9
  - c. Thermal Factor: 1.2
  - d. Roof Snow Load: Calculation per Section 7.3 (ASCE 7-05/ASCE 7-10/ASCE 7-16)
  - e. Unbalanced/Drifting/Sliding: Results are based on the uniform snow loading and do not consider unbalanced, drifting, and sliding conditions
- 4. Seismic Design
  - a. Report SEAOC PV1-2012/ASCE 7-16 SECTION 13.6.12 Structural Seismic Requirements and Commentary for Rooftop Solar Photovoltaic Arrays
  - b. Seismic Site Class: A, B, C, or D (ASCE 7-05/ASCE 7-10/ASCE 7-16)
  - c. Importance Factor Array (lp): 1.0
  - d. Importance Factor Building (le): 1.0
  - e. Site Class: D

### **Properties**

- 1. Bay Weight: ~3.5 lbs
- 2. Module Gaps (E/W) = 0.25 in
- 3. Bays: North row bays overhang the module by ~19.5 inches.

### **Module Properties**

- 1. Module return flange: Minimum of 0.9in (when using 1-3/4 in. clip bolts) is required.
- 2. Module return flange: Minimum of 0.65in (when using 2 in. clip bolts) is required.

### Testing

- 1. Coefficient of Friction
- 2. Wind Tunnel
- 3. UL 2703
- 4. Component Testing (Bay and Clamp)

### Setbacks

For the wind tunnel recommendations in U-Builder to apply, the following setbacks should be observed/followed for U-Builder wind design:

- 1. Modules should be placed a minimum of 3 feet from the edge of the building in any direction.
- 2. If the array is located near an obstruction that is 3.5 feet wide and 3.5 feet high or larger, the nearest module of the array must be located a distance from the obstruction that is greater than or equal to the height of the obstruction. Exception: When using ASCE 7-16 Building Code and using the obstruction feature in the module editor to accurately model the size and location of obstruction.
- 3. Installations within the setbacks listed above require site specific engineering<sup>2</sup>
- 4. The setbacks above are for wind. High seismic areas, fire access isles, mechanical equipment, etc., may require larger setbacks than listed above for wind.

### Site Specific Engineering

Conditions listed below are beyond the current capabilities of U-Builder. Site specific engineering is required.

- 1. Wind designs for a project design life exceeding 25 years 1/ASCE 7-16
- 2. Building assumptions and design parameters outside of U-Builder assumptions <sup>2</sup>
- 3. Attachments<sup>2</sup>
- 4. Risk Category III or IV projects (U-Builder can be adjusted for the correct wind, but not the seismic or snow design)<sup>2</sup>
- 5. Wind tunnel testing reduction factors are not permitted by the Authority Having Jurisdiction (AHJ)<sup>3</sup>
- 6. Seismic designs that fall outside SEAOC PV1-2012/ASCE 7-16 SECTION 13.6.12 recommendations (>3% roof slope, or AHJ's that require shake table testing or non-linear site-specific response history analysis)<sup>3</sup>
- 7. Signed and sealed site-specific calculations, layouts, and drawings<sup>3</sup>

### Notes:

<sup>1</sup>Please contact info@unirac.com.

Please contact EngineeringServices@unirac.com for more information.

<sup>3</sup>Please contact Theresa Allen with PZSE Structural Engineers at theresa@pzse.com. These items will require direct coordination with PZSE to complete the requested services.



### **U-BUILDER PROJECT REPORT**

VERSION: 316

PROJECT TITLE

**ROOFMOUNT RM10** 

PROJECT ID

60673123

CREATED

July 20, 2022, 8:59 a.m.

NAME

Robert Reynolds

ADDRESS

2415 Calle De Parian

CITY, STATE

Las Cruces, NM

MODULE

Jinko JKM410M-72HL-V

Designed by will.kemp@yellowbirdservices.com

ROOFMOUNT RM10

Jinko

18 - JKM410M-72HL-V

389.86 ft<sup>2</sup>

7.38 KW

NOTE: Installation of the project is intended to happen within the year of project designed in UBuilder. If it's past one year please rerun the design or contact Unirac Engineering Services.

### INSTALLATION AND DESIGN PLAN

### Roof Area 1

