



## SPECIAL USE PERMIT APPLICATION FOR A SECOND RESIDENCE

Case Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Applicant Status:  Owner  Agent  Tenant  Other \_\_\_\_\_

Site Address: \_\_\_\_\_  ETZ  Chaves County

Property Legal Description: \_\_\_\_\_

\_\_\_\_\_ UPN: \_\_\_\_\_

Present Land Use: \_\_\_\_\_

Intended Land Use: \_\_\_\_\_

Present Zoning: \_\_\_\_\_

Applicant's Reason for Requested Change: (Use back if more space is needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Letter from Medical Provider Attached:

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE DATES, TIMES, AND LOCATIONS OF THE PUBLIC MEETINGS WHICH I OR MY AGENT MUST ATTEND IN ORDER TO FULFILL THE REQUIREMENTS OF THIS APPLICATION.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Application Instructions, Code Information and Permit Requirements listed on Reverse

**Special Use Permits** are governed by the Zoning Ordinance. Prior to granting any Special Use Permit, the Commission shall hold a public hearing and shall determine that:

- a. The granting of the Special Use Permit will not be injurious to the public health, safety, morals, and general welfare of the community.
- b. The use or value of the area adjacent to the property included in the Special Use Permit will not be affected in a substantially adverse manner.
- c. The site for the proposed Special Use Permit is suitable for that use, and the surrounding properties are compatible with that use.
- d. That the grant of the Special Use Permit would be within the spirit, intent, purpose, and general plan of this (ETZ) Ordinance.”

In addition to this public hearing, several permits are required to be obtained. They include:

Electric Service: The second residence will require electrical service. The electrical service will require an inspection to be conducted by CDI. In accordance with the Zoning Ordinance, there **shall not be a separate meter** for the electrical service to the second residence.

Water: New water service shall be provided to the second residence. The petitioner shall contact the New Mexico Engineering Department, located at 1900 West Second Avenue, in Roswell, to ascertain their requirements for the provision of water service to the second residence, and to obtain proper permits.

Septic Tank: A new septic tank and associated drainfield shall serve the second residence. The petitioner shall contact the New Mexico Environmental Department, located at 1914 West Second Avenue, in Roswell, to ascertain their requirements for the design, minimum capacity and installation of the second septic system on the subject property, and to obtain proper permits.

Manufactured Home Placement Permit: Prior to placing the manufactured home on the subject property, the petitioner shall secure a Manufactured Home Placement Permit from the Chaves County Planning and Zoning Department, located at #1 St. Mary’s Place, Suite 170, in Roswell. All other agency permits shall be obtained and proof of utility service shall be provided to the Planning and Zoning Department prior to the petitioner receiving the Manufactured Home Placement Permit or placing the manufactured home on the subject property.

**AFFIDAVIT:** I understand that the Zoning Ordinance permits only one dwelling unit (residence) per lot of record. I am asking the Commission for permission to create a land use that is non-conforming with the Zoning Ordinance for a temporary period of time. I further understand and accept that the land use I am requesting may be permitted for only a temporary period of time, and that I am fully responsible for all costs associated with both the setting up of the residence and the removal of the residence once the medical condition ceases to exist. I further affirm under penalty of law that I will not rent, lease, sublet, or sell the second residence, nor will I use the second residence to conduct a business or for storage purposes. I affirm that I will remove the second residence from the property within 90 days of the time that the family member no longer needs it, and that I will notify the Planning Department in a timely manner.

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Signature

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Printed Name

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Date