



VILLAGE OF CLOUDCROFT
201 BURRO AVE.
P.O. BOX 317
CLOUDCROFT, NM 88317

PHONE: 575-682-2411
FAX: 575-682-2042

VILLAGE OF CLOUDCROFT PLANNING & ZONING COMMISSION
APPLICATION FOR SPECIAL USE PERMIT
(PLEASE PRINT ALL INFORMATION)

Applicant's Name: _____ Phone# _____

Applicant's Mailing Address: _____

E-Mail Address: _____

Property Owner's Name: _____

Property Owner's Phone Numbers: _____
Home Cell

Property Owner's Email Address: _____

Property Street Address: _____

Property Location Subdivision: _____

Block: _____ Lot(s): _____

Use: _____

Zoning: Present Zone: _____ Request Zone Change: _____ (NO) _____ (YES)

Request license for special use permit for: _____

FOR VILLAGE USE ONLY: File # _____ ACTION: _____ DATE: _____

P & Z Recommendation

Council Action

Date: _____ Action: _____ Date: _____ Action: _____

Signed: _____ Mayor: _____



VILLAGE OF CLOUDCROFT PLANNING & ZONING COMMISSION
APPLICATION FOR SPECIAL USE PERMIT
(PLEASE PRINT ALL INFORMATION)

Reason for request: _____

If applicant is not property owner, explain: _____

I hereby acknowledge that the above is correct and I agree to comply with the Village of Cloudcroft and New Mexico codes.

Applicant's Signature

Date

Owner's Signature

Date

FOR VILLAGE USE ONLY: File # _____ ACTION: _____ DATE: _____

P & Z Recommendation

Date: _____ Action: _____ Date: _____ Action: _____

Council Action

Signed: _____ Mayor: _____