

## Santa Fe County Building & Development Services PV Solar-Private Residential Checklist

| Forms in the packet to be completed   |
|---|
| Santa Fe County Development Application (Filled out & signed)   |
| Multi-Purpose State Building Application (Filled out & signed)  |
| Documents applicants to provide (available in the building)   |
| Recorded Warranty Deed (Available in Santa Fe County Clerk's Office)  |
| Approved Survey Plat (Available in Santa Fe County Clerk's Office)  |
| Proof of Taxes Paid (Available in Santa Fe County Treasurers Office) Tax Bills Will Not Be Accepted   |
| Approved Emergency 911 Assigned Address Form (Rural Addressing Department)  |
| Plans applicant to provide 3 copies 11" x 17" to scale  Site Plan (Birds eye-view of what is on the property including all existing & proposed structures, well, septic, driveway, main utility meter & A-C disconnect for Solar System). |
| Manufactured Specifications (Height) if roof mounted elevations required.   |
| Vicinity Map + Written Directions to the site   |
| Helpful Hints   |
| Provide the properties gate code on the<br>development application so our code enforcement<br>officers can access the property.   |

## DEVELOPMENT **PERMIT PROCESS\***

Meet with County staff to go over checklists and identify Specific Code Requirements.



Submit all required checklist documents and staff will verify completeness.



Staff reviews application & also conducts a site visit.



Once reviews are complete, staff may provide applicant & comments revisions (redlines) to meet code requirements. The applicant reviews comments revisions, makes n makes needed changes & resubmits plans.



If application meets code requirements, a Development Permit is issued. The applicant then delivers approved, sealed plans to the NM Construction Industry Division (CID) for building permit.

of 5 feet from the property line

Please let our office know if you have loose dogs

Show elevations of panels for roof & ground mount

- ✓ Ground mounted solar panels must be a minimum.
- Forms included in packet
- Documents available at Santa Fe County
- Documents applicant to provide

in your yard prior to inspection.

Plans applicant to provide

| <u>Notes</u>   | <u>Notes</u>  |
|--|---|
| SLDC Regulations  Zoning  Community Overlay District  Density  Maximum height  Accessory Dwelling Unit  Setback front property line  Setback side & rear property line  Flood zone setback | Important Phone Numbers  Santa Fe County Land Use, 102 Grant Ave, 505-986-6225 http://www.santafecountynm.gov  State Engineers Office, 407 Galisteo (Bataan Memorial Building) 505-827-6175  State Environment Department 2540 Camino Edward Ortiz, 505-827-1840  Santa Fe County Fire Prevention 4 Fire Place, 505-995-6523  Construction Industries Division (CID) 2550 Cerrillos Road, 505-476-4700  Santa Fe County Utilities, 505-992-9870 |



## BUILDING AND DEVELOPMENT SERVICES AND SANTA FE COUNTY FIRE PREVENTION DIVISION

## **DEVELOPMENT PERMIT APPLICATION**



| Applicant Name: (Present &/or Former Names) Development Permit Number Project Manager/Type/Date Received   |
|--|
| Development Fees Paid  Y N Amount: Fire Impact Fee Paid Y N Amount: Total Fees Paid: (Additional Fire Inspections will be charged a minimum \$25.00 fee)  For official use only  |
| Type of Development Permit: (Indicate all that apply)  |
| Site Dev. Plan □Conceptual Plan □ Conceptual Use □ Residential Bldg. Plan □ Commercial Bldg. Plan □ Accessory Structure □ Driveway   |
| □ Lot Line Adj. □ Summary Rev Sub. □ Major Sub. □Minor Sub. □Com. Sub. □Sprinkler/Alarm □ Mobile Home □Solar Other   |
| Wildland Hazard Rating: ☐ Moderate ☐ High ☐ Very High ☐ Extreme ☐ N/A Fire District  |
| Fire Protection Water Source:   Fire Hydrant   Draft Hydrant   OtherDriveway length: Width:  |
|  |
| PROPERTY OWNER INFORMATION: First Name: Last Name:   |
| Mailing Address: Zip:  |
| Rural address of Project: Zip:   |
| Written Directions to Project Site:  |
|  |
| Gate Code  |
| Cell Phone: Home Phone: Email address  |
| Contractor / Company Name:Address:   |
| Cell Phone:          Contractor's License #  |
| PROJECT DESCRIPTION:   |
| Section:Township:Range:Commission District Parcel ID:  |
| UPC Number: Plat Book: Page: Date Recorded:  |
| Warranty Deed Instrument #:Date Recorded:Subdivision Name:   |
| Acreage: Estimated Completion Date: Valuation:   |
| Proposed Number of Dwellings Onsite: Existing: Total:  |
| Proposed Number of Lots Onsite: Existing: Total:  Proposed Roofed Area Sq. Ft.: Total Roofed Area Sq. Ft: Total Roofed Are |
| Lot Number: Phase: Affordable Unit: □ Yes □ No All Weather Access: □ Yes □ No* (*Access improvements required)   |
| County Road: ☐ Yes * ☐ No (Access Permit DPW required) Legal Access: ☐ Yes ☐ No  |
| FEMA 100-year floodplain:   Yes*  No Zone Panel Number: D (*Floodplain Dev. Permit required)   |
| NMED Septic Permit:  |
| Shared Well:   Yes*   No *Share Agreement Inst. #Well Meter Reading:   |
| Well Permit # Well Meter Serial Number: Meter Type Unit of Measure:  |
| Community Water System: ☐ Yes* ☐ No (* Water Service Letter Required) Cistern Required: ☐ Yes ☐ No Rain barrels Required: ☐ Yes ☐ No Proof of Taxes: ☐ Yes ☐ No (SLDC Zoning): ☐ A/R ☐ RUR ☐ RUR-F ☐ RUR-R ☐ RES-F ☐ RES-F ☐ RES-C ☐ TC ☐ CN ☐ CG ☐ IL ☐ I ☐ MU ☐ PD   |
| 1100101 Taxes. In 165 In 166 (SEDE Zolling). In Ark In North Robert In Robert In Res-F In Res-E In Res-C In C In Child Colling In Info Input   |
| Owner Acknowledgment or Authorized Representative: Signature: Date:  |
| By signing I acknowledge all information is true and accurate, and I authorize Santa Fe County staff to conduct necessary inspections on   |
| by signing I demonitude is the did decurate, and I dufforte Sunt I be County staff to conduct necessary inspections on   |
| my property as related to this permit application. I agree and I understand that the issuance of any subsequent permits does not prevent<br>the Santa Fe County Fire Prevention Division from requiring additional compliance with the provisions of the Santa Fe County Fire Code   |
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| (8)  | State of New M   | lexico   | Regulation   | and Licensing   | Denartr  | nent  | Conet   | ruction Ind   | luctrice D  | ivision                                       |
|--|--|--|--|---|--|---|---|---|---|---|
| SEAL<br>W M 3  | Santa Fe   | 2550 Cerrillos   |  | X   | -  |   |   |   |   |   |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Albuquerque  | 5500 San Anto  |  | Santa Fe, N<br>Albuquerqu   |  |   | , ,   | 476 <b>-</b> 4700<br>222 <b>-</b> 9800                                  |   | (505) 476 - 4685<br>(505) 765 - 5670          |
| 1912   | Las Cruces   | 505 S. Main S  |  | Las Cruces  |  |   |   | 524 - 632   |   | (575) 524 - 6319                              |
| Please check the   | appropriate type   | e for which you are a  | applying for:  |   |  |   |   |   |   |   |
| The second secon |  | des electrical / mechai  |  | ) [   | Trade  | Review Only   |   |   |   |   |
| Resident   | tial Con   | mmercial Pre   | e-Bid  | Reroof  | [  | Electrical R  | eview   | Me  | echanical   | /Plumbing Review                              |
| THE FOLLOWING  | INFORMATION  | MUST BE PROVIDE  | D  |   |  |   |   |   |   |   |
|  |  |  |  |   |  |   |   |   |   |   |
| Parcel No. and/or F  | Project Address (n   | must provide a physic  | al address)  | Nearest City  | y/Town/  | Village   |   | Zip Code  |   | County  |
| GPS Coordinates  |  | <del>,</del>   |  |   |  |   |   |   |   |   |
| optional   | X Coordina   | ate  | Y Coordinate   | е   |  |   |   |   |   |   |
| MUST provide wri   | itten Directions   |  |  |   |  |   |   |   |   |   |
|  |  |  |  |   |  |   |   |   |   |   |
| -  |  |  |  |   |  |   |   |   | _   |   |
| Property Owner o   | r Homeowner In   | formation:   |  |   |  |   |   |   |   |   |
|  |  |  |  |   |  |   |   |   |   |   |
| First Name   |  |  | Last Name  |   |  |   |   | E-mail  | address:  |   |
| Address No. & Stre   | -+ / DO D / D  | -104-  | - Cit  |   |  |   |   |   |   |   |
|  |  |  | City   | 5   | tate   | ZI  | o Code  | Phone   |   |   |
| Contractor Inform  | ation (must prov   | vide proof of contra   | ict):  |   |  |   |   |   |   |   |
| Company Name   |  |  |  |   |  |   | NIM State   | e License   | # and cla   | esification                                   |
| Company Hame   |  |  |  |   |  |   | TVIVI Otat  | LICCIIGO  | r and ola   | SSIIICAUUII                                   |
| Address No. & Stre   | et / PO Box / Rur  | al Route   | City   |   | tate   |   |   |   |   |   |
|  |  |  |  |   |  |   |   |   |   |   |
| Contact Information  | n (Name)   |  | Phone  |   | E-n  | nail address:   |   |   |   |   |
| Design Profession  | nal Information:   |  |  |   |  |   |   |   |   |   |
| Company Name   |  |  |  |   |  |   |   |   | ,,  |   |
| Company Name   |  |  |  |   |  |   | NM State  | e License i   | #   |   |
| Address No. & Stre   | et / PO Box / Rura   | al Route   | City   | <u></u>   | tate   |   |   |   |   |   |
|  |  |  |  | -   |  |   |   |   |   |   |
|  |  |  |  |   |  |   |   |   |   |   |
| Contact Information  | n (Name)   |  | Phone  |   | E-n  | nail address:   |   |   |   |   |
| Contact Information Type of Constructio  |  | III IV V A   |  |   |  | nail address:   |   | Climate Z   | one:  |   |
|  | on I II I  | EFHT   | В  | S U   |  |   |   | Climate Z   |   | 4 5 6 7                                       |
| Type of Constructio<br>Occupancy Group<br>Division   | on I II I  |  | В  | S U   |  | gy Compliance   |   |   |   | 4 5 6 7                                       |
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Revised 10/01/15

