



**Application Deadline:
1ST DAY OF THE MONTH**

City Of Las Vegas, NM Design Review Board Application

Planning & Zoning Dept. 454-1401 , ext. 1608

Relevant Ordinance

- 1. OBTAIN DRB APPLICATION FOR CERTIFICATE OR APPROVAL FOR RESTORATION, REHABILITATION, RECONSTRUCTION, ERECTION, DEMOLITION, MOVING, OR ALTERATION OF ANY CERTIFIED HISTORIC STRUCTURE, PROPERTY, OR SITE WITHIN THE CITY OF LAS VEGAS, AND MAKE APPOINTMENT WITH COMMUNITY DEVELOPMENT DIRECTOR TO REVIEW APPLICATION. (OBTAIN DEADLINE DATE FROM SECRETARY)**
- 2. COMPILE LEGAL DESCRIPTION, SITE PLAN, BUILDING FLOOR PLAN, AND DETAILS FOR ALL PROPOSED WORK TO BE DONE. LIST ALL DISTANCES IN FEET. DRAWINGS/PLANS MUST BE ON LEGAL SIZE PAPER.**
- 3. CHECK WITH MAIN STREET ARCHITECT, AT (505) 603-3747 TO OBTAIN TECHNICAL ASSISTANCE ON PROPOSED RENOVATIONS AND COLOR SCHEMES.**
- 4. ATTACH ALL INFORMATION TO APPLICATION AND BRING WITH YOU TO YOUR APPOINTMENT PRIOR TO DESIGN REVIEW BOARD APPLICATION DEADLINE.**
- 5. ZONING CLEARANCE FROM COMMUNITY DEVELOPMENT DEPARTMENT UPON APPROVAL OF APPLICATION FOR ALL WORK TO BE DONE (EXCEPT PAINTING)**
- 6. MUST BE PRESENT AT DESIGN REVIEW BOARD PUBLIC HEARING.**

**APPLICATION FOR CERTIFICATE OF APPROVAL
ORDINANCE NUMBER 05-01**

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

A. General Information:

1. Name of Applicant: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

2. Name of Structure, Property / Site: _____

Address: _____

3. Is the Structure, Property, or Site recognized in the following:

___ **National Register of Historic Places**

___ **State Register of Historic Places**

___ **Local Register of Historic District / Landmark**

4. Owner or Lessee of Property:

Address: _____

Phone Number: _____

5. Contractor: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

B. Project Information:

1. What is the current zone of this property? _____

2. Statement of present condition requiring modification:

3. Will the interior be subject to public view?

Yes No

Please check all appropriate project activities proposed:

Demolition / Structural New Construction

Exterior Repairs

Roof Repair Door Repair Window Replacement

Brick Repair Glazing Facade Alterations

Signage Lightning Site Alterations

Sidewalk Repair Other

If other please explain:

4. List proposed work to be done specifying types of materials to be used.

5. Describe the process and personnel needed to accomplish proposed objectives.

6. Have you applied for a building permit? Yes No

(Permits must be obtained from Zoning Department if approved)

7. Indicate the degree of Residential / Commercial / Industrial Activity:

Active Moderately Active Declining

8. Characterize the environment of the project area by describing the following conditions:

Good Repair Disrepair Deteriorated

9. Attach photographs, drawings, or plans showing proposed changes.

(These documents will be retained for records)

Signature: _____ **Date:** _____

Owner: _____ **Date:** _____