



**Planning and Zoning
Department
Plat Approval Application**

Rio Arriba County Plat No: _____ Date: _____

Name of Applicant: _____

Mailing Address: _____

Phone: (____) _____ Cell: (____) _____ E-mail Address: _____

Site Physical Address: _____

Type of Plat: ___ Five Year Exemption ___ Family Transfer ___ Boundary Survey ___ Lot Line Adjustment
 ___ Lot Consolidation Other: _____

Legal Description of Property:

Directions to site: _____

Section: _____ Township: _____ Range: _____ Grant: _____

Parcel Id No: _____ UPC No: _____ Community: _____

Current Acreage: _____ Current Deed Book: _____ Page: _____ Date filed _____

Plat Book: _____ Page: _____ Date filed: _____

Name of Surveyor: _____ Company Name: _____

Mailing Address: _____

Phone: (____) _____ Cell: (____) _____ E-mail Address: _____

Owner or Authorized Representative Acknowledgement

I hereby affirm this information is true to the best of my knowledge and belief. Furthermore, I hereby authorize Employees of Rio Arriba County to conduct onsite inspections on this property as it pertains to this application

Signature: _____ Date: _____

For Official Use Only

Date Received: _____ Fees Due\$: _____ Received by: _____

Proof of taxes: Yes ___ No ___ Field inspected by: _____ Date: _____