



RESIDENTIAL CHILD CARE FACILITY CHECK LIST AND SUPPLEMENTAL WORKSHEET

**Note: Administrative permit approval required when caring for 1-6 children.
Conditional use permit approval via public hearing required when caring for 7-12 children.**

Back Ground Check - \$15.00

Note: Facilities providing care for 6 or more children are subject to the 2009 International Fire Code, the National Fire Protection Agency, Life Safety Code, the 2009 International Building Code, the New Mexico Administrative Code and City Policies and Procedures.

Permit Number _____ Date: _____

FACILITY INFORMATION

Applicant/Owner/Primary Caregiver _____

Address _____

Legal Description _____

Contact # _____ Email: _____ Fax: _____

Number of Applicant's children _____ Number that are 6 and under _____

Requested Capacity _____ # of children age 2 and under _____

Are you or anyone in your home operating a business from this address? Yes/No _____

Business Name _____

FACILITY INDOOR PLAY AREA (35 sq. ft. per child required)

Square footage - Indoor play area (Kitchens and bathrooms are excluded):

Room _____ Room _____ Room _____ Room _____

Total combined area _____ Capacity approved for _____

Where is your Pet area and housing? _____

Permits/Inspections obtained _____

FACILITY OUTDOOR PLAY AREA (60 sq. ft. per child required)

Square footage - Outdoor play area (Only where the children will be allowed to play)

Porch/Patio _____ Yard _____ Total combined area _____

Where is your Pet area and housing? _____

Permits/Inspections obtained _____

PERIMETER FENCE HEIGHT (MINIMUM OF 4' REQUIRED)

Front property wall _____ Rear Property wall _____ Left side property wall _____

Right side property wall _____ Gate wall _____ Latched? Yes/No _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

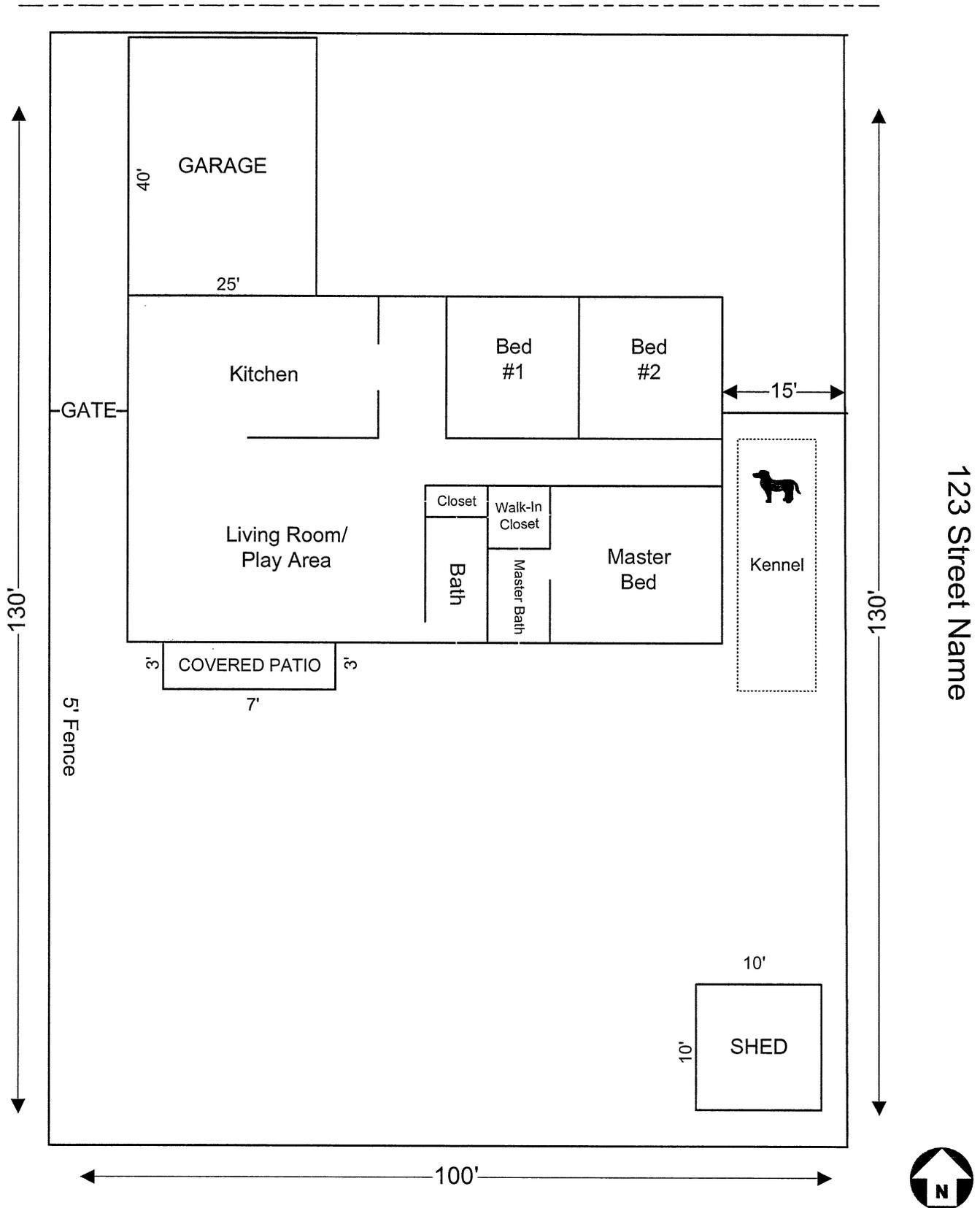
____ Property owner verification/authorization letter
Rental property - Yes _____ No _____ H.O.A. approval Yes _____ No _____

____ Site plan _____ Floor plan _____ Daily schedule

____ City Fire Inspection Date completed _____ Approved/Conditions _____

____ Animal Vaccinations Animal City Registration _____ # of Animals _____

TYPICAL RESIDENTIAL SITE PLAN



PLANNING & ZONING LAND USE APPLICATION

Please check appropriate box

(Fees are listed on the back)

Administrative Permit	Plan	Subdivision	Zoning
<input type="checkbox"/> Community Residential Care Facility	<input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Annexation
<input type="checkbox"/> Development Review Committee (DRC)	<input type="checkbox"/> Corridor Plan Amendment	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Appeal
<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Master Plan	<input type="checkbox"/> Summary Plat	<input type="checkbox"/> Conditional Use Permit
<input type="checkbox"/> Family Child Care Facility 6 or <	<input type="checkbox"/> Master Plan Amendment	<input type="checkbox"/> Vacation of Plat	<input type="checkbox"/> Master Sign Plan
<input type="checkbox"/> Model Home/Sales Office	<input type="checkbox"/> Specific Area Plan Amendment	<input type="checkbox"/> Street Name Change	<input type="checkbox"/> Site Plan
<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Text Amendment	<input type="checkbox"/> Subdivision Interpretation	<input type="checkbox"/> Special Exception
<input type="checkbox"/> Other		<input type="checkbox"/> Subdivision Variance	<input type="checkbox"/> Variance
			<input type="checkbox"/> Zone Map Amendment
			<input type="checkbox"/> Zoning Certification
			<input type="checkbox"/> Zoning Interpretation

Please Print In Ink Only or Type
 Application must be complete. Please attach the appropriate checklist for the action you are requesting, if applicable.

APPLICANT/AGENT INFORMATION

Applicant Name:		Phone:
Address:		E-Mail:
City:	State:	Zip:
Proprietary Interest:	List Owners:	
Deed or Ownership Verification Provided: (Initials)		Letter of Authorization Provided: (Initials)
Agent Name:		Phone:
Address:		E-Mail:
City:	State:	ZIP Code:

DESCRIPTION OF REQUEST: (PLEASE ADD ADDITIONAL SHEET(S) IF NECESSARY)

SITE INFORMATION: (PLEASE PROVIDE ACCURATE LEGAL DESCRIPTION)

Subdivision/Unit :	Block(s):	Lot(s):
Existing Zoning:	Proposed Zoning:	
No. of existing lots:	No. of proposed lots:	Total area of site (acres)

ACKNOWLEDGEMENT

I hereby acknowledge that I have read this entire application and affirm that all information provided is correct. I agree to comply with the requirements of the City of Rio Rancho as outlined in all applicable laws, ordinances and regulations.

Print Name:	Applicant:	Agent:
Signature:	Date:	

FOR OFFICIAL USE ONLY

H.T.E. PROJECT #	FEE	RECEIPT #

APPLICATION ACCEPTED BY: _____ DATE: _____

Application Fee Schedule

MASTER PLAN and SUB-PLAN Includes amendments to:	FEES
System & Facility Plan (Level 2) & Area Plan (Level 3)	\$400
Redevelopment Plan & Specific Area Plan	\$400
Comprehensive Plan	\$400
SITE DEVELOPMENT PLANS	
Site Development Plan	\$266
ZONE MAP AMENDMENT	
Map Amendment < 1 acre	\$266
Map Amendment 1 - 4.99 acres	\$531
Map Amendment 5 - 9.99 acres	\$797
Map Amendment 10 - 49.99 acres	\$1,063
Map Amendment 50 - 100 acres	\$1,328
Map Amendment > 100 acres	\$1,328 + \$266 per ea. additional 100 or portion thereof
Special Use (application to amend the site plan or signage)	\$266
Zoning Certification Letters	\$35
Zoning Interpretations	\$67
Zoning Variance	\$200
SUBDIVISION	
Summary Plat	\$133 + \$13 per lot
Preliminary Plat	
Less than 1 acre	\$133 + \$13 per lot
1 - 4.99 acres	\$266 + \$ 13 per lot
5 - 9.99 acres	\$531 + \$13 per lot
10 - 49.99 acres	\$1,063 + 13 per lot
50 - 100 acres	\$1,328 + 13 per lot
Over 100 acres	\$1,328 + \$266 per ea. additional 100 or portion + \$13/lot thereafter
Final Plat	No Fee Required
Vacation of Plat	\$266 + \$13 per lot
Subdivision modification's/exceptions/Variance Application	\$200
Subdivision Interpretations	\$67
Street Name Change	\$67 + 100% of mailings total cost & notification to be done by applicant
PLANNING & ZONING	
Annexation	\$500
Appeal to Planning and Zoning Board	\$67
Development Review Committee [DRC]	No Fee Required
Conditional Use	\$67
Non-Conforming Use	\$67
Ordinance Amendment	\$200
Community Residential Care Facility	\$67
Home Occupation	\$67
Family Child Care 6 or <	\$67
SIGN PERMIT	
Change of Face	\$0
Illegally installed but not conforming to code	\$92 or \$5 per sf of largest sign face, whichever is greater
Master Sign Plan	\$266
New Application	\$46 or \$2.50 per sf of face, whichever is greater
Off-Premise Advertising (Digital) Sign Use Permit	\$300
Off-Premise Advertising (Digital) Sign Annual Review Fee	\$200
Off-Premise Advertising (Directional) Sign Annual Review Fee	\$100
Special Exception to the Sign Code	\$266
Subdivision Directional Signs	\$30 + \$5 per sign
Temporary Signs in the Right-of-Way	\$30 + \$1 per sign
SPECIAL EVENTS	
Special Event Permit	\$67
Special Event Permit (Youth Groups)	\$15
MISCELLANEOUS SERVICES – Research	
	\$67 per hour