June 18, 2021

To Whom It May Concern,

I, Lazaro Palomarez, am requesting authorization by the City of Bayard to allow the installation of electrical services at 709 N. Elm Street, Foy's #2, Block 7, Lot 52. The electrical service is to allow my recreational vehicles to be charged. I have two recreational units on the property with my home located across the street. I understand that I am not allowed to use the recreational units for living quarters and all permits/approval will be revoked for the property use.

Sincerely,

Lazaro Palomarez

575-545-4219

State permit must be provided

575-545-4219

Clean Up...Fix Up

Bayard Pride

Help Your Neighbor

City of Bayard

Form 99-1

ADMINISTRATIVE APPLICATION FORM

BEFORE A MOBILE HOME IS INSTALLED ON ANY LOT WITHIN THE CITY OF BAYARD OR BEFORE ANY BUILDING OR STRUCTURE IS ERECTED, RECONSTRUCTED, STUCTURALLY ALTERED, DEMOLISHED OR ENLARGED OR MOVED WITHIN OR INTO A ZONE, THE OWNER OF SAID BUILDING OR STRUCTURE OR MOBILE HOME SHALL DO THE FOLLOWING:

Application Process

1. Complete an administrative application and deliver it to the Zoning Officer with fee of $5.00.
2. Have the project reviewed by the Zoning Officer; and
3. Secure all applicable and necessary permits.
4. Submit completed application and fee by the third Wednesday of the month.

Jose Palma — 6/18/21

APPLICANT'S SIGNATURE — DATE

APPLICANT'S MAILING ADDRESS — 575-545-4219 TELEPHONE #

NOTES: Install electrical service on property for RV charging

PERMITS REQUIRED FOR PROJECT

DEVELOPMENT PERMIT _____

ZONE CHANGE PERMIT _____

MOVING PERMIT _____

MANUFACTORED HOME PERMIT _____

VARIANCE PROCESS PERMIT _____

BUILDING PERMIT _____

SPECIAL USE PERMIT _____

FLOOD PLAIN PERMIT _____

MOBILE HOME PERMIT _____

CONDITIONAL USE PERMIT _____

NON-CONFORMING USE PERMIT _____

Continued on Other Side

OTHER FACTORS TO BE CONSIDERED: _____

_____

_____

_____

_____ _____

APPROVED BY DATE

OFFICE USE ONLY Fee is $5 for administrative application

Check # _____ **Cash** _____ **Receipt #** _____ **Date** ___/___/____

Total Fee Collected: $ _____ **Received By:** _____