



*Rio Arriba County  
Planning and Zoning Department*

**TEMPORARY USE PERMIT APPLICATION**

PERMIT NO: \_\_\_\_\_ DATE: \_\_\_\_\_ UPC: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

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PROPERTY OWNER NAMES: \_\_\_\_\_

PHYSICAL ADDRESS OF LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

***PROPERTY OWNER AGREEMENT OR NOTARIZED LETTER OF CONSENT MUST BE  
ATTACHED TO APPLICATION.***

**\*\*\*EVENT INFORMATION\*\*\***

NAME OF SPECIAL EVENT: \_\_\_\_\_

EVENT DATE(S) BEGIN: \_\_\_\_\_ END: \_\_\_\_\_

EVENT DATE(S) BEGIN: \_\_\_\_\_ END: \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OPERATION START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

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***SEE (RAC) ORDINANCE 2012-001 ARTICLE IV SECTION 9.09 TEMPORARY USES  
AFFIDAVIT STANDARDS AND REGULATIONS REQUIREMENTS.***

**ITEMS TO BE ADDRESSED AND SUBMITTED:**

## *Planning and Zoning Department*

ACCOMMODATION FOR SANITARY FACILITIES AND WATER SUPPLY NEEDED:

YES:  NO:  PROVIDED BY: \_\_\_\_\_

COUNTY FIRE MARSHAL APPROVAL SIGNATURE: \_\_\_\_\_

ENVIRONMENT DEPARTMENT APPROVAL SIGNATURE: YES:  NO:  \_\_\_\_\_

ROADWAYS AND EASEMENTS EFFECTED: YES  NO:  IF YES, PLEASE PROVIDE

NAME OF ROADWAY: COUNTY ROAD: \_\_\_\_\_ NM STATE HWY: \_\_\_\_\_

OR PRIVATE DRIVE ROAD: \_\_\_\_\_

TRAFFIC CONTROL CLEARANCE SIGNATURE: YES:  NO:  SHERIFF: \_\_\_\_\_

STATE POLICE: \_\_\_\_\_ DOT: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMERGENCY PERSONNEL (EMT) NOTIFICATION SIGNATURE: \_\_\_\_\_

SECURITY RECOMMENDED: YES:  NO:  PROVIDED BY: \_\_\_\_\_

FOOD PROVIDED AT EVENT: YES:  NO:

NM ENVIRONMENT DIVISION PERMIT NO: \_\_\_\_\_

PARKING SPACES PROVIDED: NUMBER OF SPACES: \_\_\_\_\_

LIGHTING PROVIDED: YES:  NO:

ELECTRICAL INSPECTOR AND PERMIT NUMBER: \_\_\_\_\_ # \_\_\_\_\_

***PROOF OF INSURANCE OR BOND MUST BE PROVIDED FOR THE SPECIFIC EVENT.  
INSURANCE MUST SHOW RIO ARRIBA COUNTY AS ADDITIONAL INSURED.  
COMMERCIAL GENERAL LIABILITY, EACH OCCURRENCE OF \$1,000,000.00.***

LIABILITY INSURANCE COMPANY NAME: \_\_\_\_\_

PLEASE EXPLAIN IF NOT PROVIDED \_\_\_\_\_

A COMPLETE COUNTY APPLICATION OF THE EVENT MUST BE SUBMITTED TO RIO ARRIBA COUNTY PLANNING AND ZONING DEPARTMENT *TWO (2) WEEKS* PRIOR TO THE SCHEDULED EVENT.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WEBSITE:** [www.rio-arriba.org](http://www.rio-arriba.org)

1122 Industrial Park Espanola, New Mexico 87532  
PO Box 127 Tierra Amarilla, New Mexico 87575

Phone (505) 753-7774  
Phone (575) 588-7254

## *Planning and Zoning Department*

NOTARIZED SIGNATURE OF LANDOWNERS, IF APPLICANT NOT PROPERTY OWNER

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF NEW MEXICO }  
                                      } ss  
COUNTY OF RIO ARRIBA }

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 2017 BY \_\_\_\_\_

SEAL

\_\_\_\_\_  
NOTARY PUBLIC  
COMMISSION EXPIRES: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

STAFF COMMENTS OR CONDITIONS OF APPROVAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**STAMP OF APPROVAL**