

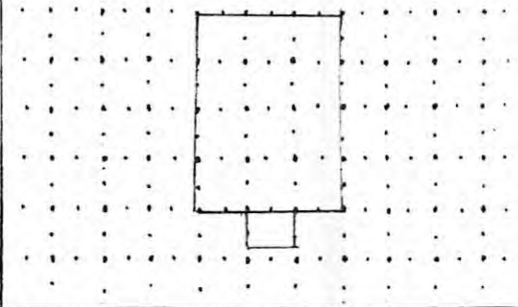
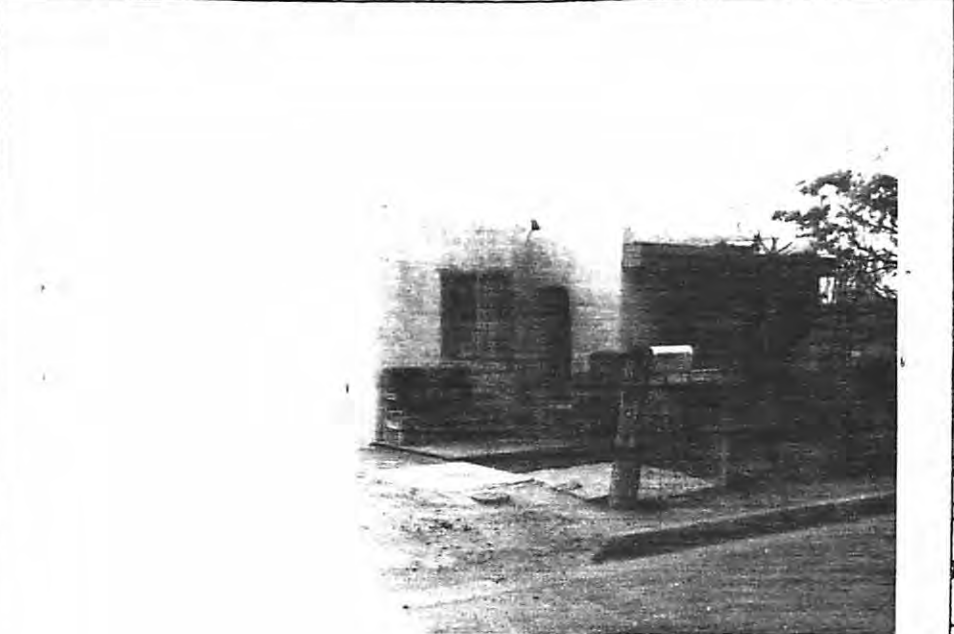
H2416

building threatened? yes	surveyed date 8/85 by HMW	county SANTA FE	ID no. 051613524
field map SFHD # 7	number 524	UTM reference zone 12 13	easting northing

location description 202 IRVINE SW CORNER @ MTD.	city/town SANTA FE
	land grant/reservation

building name	legal description tnsp N S range E W sec 1/4 1/4
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film roll by SL no. SFHD # 12	negative nos. 30	loc. of neg. HPB	plan shape
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style NMUV	foundation material UNK (CONC?)	date of construction 1933-39 estimate actual
	wall material/surface ADOBLE/STUCCO	source SF DIR.
		use present residential other historic residential other
		condition excellent good fair deteriorating
		degree of remodeling minor moderate major
		describe: P45 ALL WINDS/DOORS

architectural features FLAT RF	surroundings RES.
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ALL NEW SLID. ALUM WINDS	relationship to surroundings x similar not similar
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NEW SGL LF DOORS.	district potential yes no
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STUCCO'D FRAME PORCH	significance eligible of x none
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comments	if eligible, interest why? NC ALTER.
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	associated buildings? yes what type?
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	if inventoried, list ID nos.
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Preliminary Zoning Review Worksheet

City of Santa Fe Land Use Department

To Be Completed By Applicant:		Site Address: 202 Ervine Street
Date Submitted: 12-18-24	Proposed Construction Description: The addition of two separate closets to an existing residence, for a total area of 125 gross square feet, relocate pre-existing/nonconforming storage shed.	
Property Owner of Record: Charles Rennick	TOTAL ROOF AREA: 125 square feet	
Applicant/Agent Name: Michael Bodelson, Architect		
Contact Person Phone Number: (505)-603-2446		
Zoning District: <u>R-21</u>	Lot Coverage : <u>33</u> % <input type="checkbox"/> Open Space Required: <u>No</u>	
Overlay: <input type="checkbox"/> Escarpment <input type="checkbox"/> Flood Zone* <input checked="" type="checkbox"/> Other: <u>Westside Guadalupe HD</u>	Setbacks: Proposed Front: <u>7'</u> Minimum: <u>7'</u> 2 nd Front? _____	
Submittals Reviewed with PZR: <input type="checkbox"/> Legal Lot of Record <input checked="" type="checkbox"/> Development Plan <input checked="" type="checkbox"/> Building Plans <input checked="" type="checkbox"/> Existing Site Plan <input checked="" type="checkbox"/> Proposed Site Plan <input checked="" type="checkbox"/> Elevations	Proposed Rear: <u>10'</u> Minimum: <u>10'</u> Proposed Sides: L <u>5'</u> R <u>7'</u> Minimum: <u>5'</u>	
Supplemental Zoning Submittals Required for Building Permit: <input type="checkbox"/> Zero Lot Line Affidavit	Height: Proposed <u>13'-6"</u> Maximum Height: _____ or <input checked="" type="checkbox"/> Regulated by Historic Districts Ordinance <input type="checkbox"/> Regulated by Escarpment District	
Access and Visibility: <input type="checkbox"/> Arterial or Collector** <input checked="" type="checkbox"/> Visibility Triangle Required	Parking Spaces: Proposed <u>3</u> Accessible <u>N/A</u> Minimum: <u>2</u>	
Use of Structure: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial Type of Use: _____	Bicycle Parking**: Proposed: _____ Minimum: _____ ** Commercial Requirement	
Terrain: <input type="checkbox"/> 30% slopes No		

* Requires an additional review conducted by Technical Review Division.
** Requires an additional review conducted by the Traffic Engineering Division.

THIS REVIEW DOES NOT GRANT ZONING APPROVAL FOR BUILDING PERMIT. FINAL ZONING REVIEW WILL BE PERFORMED AT THE TIME OF BUILDING PERMIT APPLICATION.

Michael Bodelson, Architect [OWNER APPLICANT AGENT]
PRINT NAME

hereby certifies that the information provided for preliminary zoning review is accurate and will not be modified without consulting Land Use Department staff prior to submittal for Historic Districts Review Board review.

SIGNATURE

09-02-24

DATE

To Be Completed By City Staff:	2024-009474PAR
Additional Agency Review if Applicable:	
<input type="checkbox"/> Escarpment Approval by _____ Date: ___/___/___	
<input type="checkbox"/> Flood Plain Approval by _____ Date: ___/___/___	
<input type="checkbox"/> Traffic Engineering Approval by _____ Date: ___/___/___	
Notes: _____	
Zoning Approval:	
<input type="checkbox"/> Preliminary Approval <input type="checkbox"/> with conditions <input type="checkbox"/> Rejected	
Comments/Conditions: _____	
REVIEWER: <u>Rebekah Clouser</u>	DATE: <u>12/19/2024</u>

Original color form must be submitted with Historic Districts Review Board (HDRB) application packet.