

Mesa del Sol

Architectural Control Committee

Application for Conceptual Plan Review Step # 1

Date: _____ Parcel Number/Address: _____

Business Type: _____

Owner: _____

Address: _____

Telephone: _____ Contact Name: _____

General Contractor: _____

Address: _____

Telephone: _____ Contact Name: _____

Design Professional: _____

Address: _____

Telephone: _____ Contact Name: _____

Conceptual Plan Requirements

The conceptual review involves a series of informal elevations, including a perspective of the proposed buildings and a conceptual site plan. The architect should have a general idea of types and size of materials being considered. A written project summary that includes a brief narrative description of the proposed project, its primary features and how compatibility with the surrounding context has been achieved is required to be submitted.

Drawings shall be submitted to an engineering scale on 24" x 36" side-bound and stapled sheets. One print set and one digital set of the following plans, elevations and written project summary are to be provided unless otherwise noted. An electronic copy of the plans should be emailed to mdsarc@mesadelsolnm.com. Check mark each item below provided in your submittal.

- _____ Completed Application for Conceptual Plan Review Step #1 (1 copy)
- _____ \$1000 ARC Review Fee (Payable to Mesa del Sol Employment Center Owner's Assoc.)
- _____ Conceptual Elevations
- _____ Conceptual Site Plan
- _____ Written Project Summary

Applicant's Signature

Company

Print Name

Date

**5700 University West Blvd. SE, suite 300
Albuquerque, nm 87106
mdsarc@mesadelsolnm.com**

Note to Applicant: This application will be considered complete only if all the documents and submittals, as set forth in the Mesa del Sol Employment Center Design Guidelines, are included. All submittals shall be received fourteen (14) days prior to the meeting date, the third Wednesday of every month.

For Architectural Review Committee Use Only:

Submittal Date of Step # 1 Information: _____

Received By: _____

Package Complete: Yes () No ()

Any Exceptions: _____

Comments: _____

ARC Meeting Date: _____

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