



**CITY OF ALBUQUERQUE
ZONING ENFORCEMENT DIVISION
APPLICATION FOR PERMIT**

DATE: ____ / ____ / ____

BUILDING ADDRESS:

PERMITTEE
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

PROPERTY OWNER (IF DIFFERENT FROM PERMITTEE)
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

CONTRACTOR / INSTALLER
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
STATE LIC #: _____ STATE TAX #: _____
CITY BUSINESS #: _____ VALUATION: \$ _____

I HEREBY ACKNOWLEDGE THAT THIS APPLICATION IS CORRECT AND I AGREE TO COMPLY WITH ALL CITY ORDINANCES. I UNDERSTAND THAT THIS PERMIT SHALL NOT BE VALID WITHOUT FULL KNOWLEDGE AND AGREEMENT OF THE PROPERTY OWNER. I UNDERSTAND THAT THE ISSUANCE OF THIS PERMIT SHALL NOT PREVENT ZONING ENFORCEMENT FROM THEREAFTER REQUIRING CORRECTION OF VIOLATIONS. FINALLY, I UNDERSTAND THAT THIS PERMIT IS NOT VALID UNTIL THE FEE IS PAID AND THAT THE WORK UNDER THIS PERMIT MUST BE COMPLETED WITHIN SIX (6) MONTHS, OR THE PERMIT MUST BE RENEWED.

X

SIGNATURE **DATE**

OFFICIAL USE ONLY:
LOT(S): _____ BLOCK(S): _____
SUBDIVISION: _____
UPC #: _____
ZONE: _____ MAP: _____
H-1 ZONE / H-1 BUFFER ZONE OR CITY LANDMARK? YES NO
IF YES, LUCC APPROVAL REQ'D (ATTACH COPY OF CERT OF APP)
WITHIN 1000 FT. OF A FORMER LANDFILL SITE? YES NO

ZONING CODE:
APPROVED: _____ DATE: _____
DISAPPROVED: _____ DATE: _____
COMMENTS: _____

INTERNATIONAL BUILDING CODE:
PERMIT NUMBER: _____
APPROVED: _____ DATE: _____
DISAPPROVED: _____ DATE: _____
COMMENTS: _____

	FEES	
WALL / FENCE PERMIT 441109-4919000		
TENT PERMIT 425099-4919000		
SIGN PERMIT 441008-4919000		
PLAN REVIEW FEE 425099-4916000		
OTHER		
TOTAL FEES		

SIGN TYPE KEY:			
1 = ON PREMISE	W = WALL	F = FREESTANDING	M = MARQUEE
2 = OFF PREMISE	R = ROOF	C = CANOPY	P = PROJECTING

	SIGN NO. 1	SIGN NO. 2	SIGN NO. 3	SIGN NO. 4	SIGN NO. 5	SIGN NO. 6
TYPE (SEE ABOVE)						
AREA (TOTAL sq. ft.)						
ILLUM / MOVING						
IBC REQUIRED (OFFICE USE ONLY)						

Building Safety Inspection Required? Yes No