

CITY OF ALBUQUERQUE BUILDING SAFETY DIVISION 600 2ND STREET N.W. ALBUQUERQUE, N.M. 87102 OFFICE 505-924-3964 FAX 505-924-3967

E-PLAN APPLICATION

FOR OFFICIAL US	SE ONLY
PERMIT #	
ADDITIONAL PERMIT #S	
CITY PROJECT #	

APPLICANT TO PROVIDE ALL INFORMATION BELOW:
CONCERNICENON APPRECA

CONSTRUCTION ADDRESS:				
WITHIN 1000' OF FORMER LANDFILL FOR ZONING OFFICIAL ONLY	REISSUE FROM MASTER PLAN # TYPE OF APPLICATION:			
YES NO INITIAL/DATE				
TES NO INITIAL/DATE	COMMERCIAL	RESIDENTIAL	GREEN	
LEGAL DESCRIPTION:				
LOT # BLOCK #	NEW BUILDING	TENANT IMPROVEMENT		
SUBDIVISION	SHELL ONLY	SWIMMING POOL		
TRACT PARCEL UNIT	ADDITION	GARDEN WALL, FENCE, RETAINING WALL		
UPC #	REMODEL	FOUNDATION FOR MODULAR BUILDING		
ZONE ZONE ATLAS PAGE	REPAIR	FOUNDATION FOR MOVED BUILDING		
OWNER:	FOUNDATION ONLY	OTHER		
NAME	0	DD W 1 4 FF	DAVIDA AG	
ADDRESS	OWNERSHIP:	PRIVATE	PUBLIC	
ZIP PHONE	CONSTRUCTION DATA: (THI	THIS PROJECT ONLY)		
PERSON WHO WILL UPLOAD ELECTRONIC PLANS:	# OF STORIES			
NAME	SQUARE FOOTAGE:			
ADDRESS	HEATED		_	
ZIP PHONE	GARAGE		_	
EMAIL ADDRESS	*	CARPORT, PORCH		
(ENTER IN APPLICANT & CONTACT FIELD IN SYSTEM)	OR PATIO COVER TOTAL SQ. FT.		_	
ARCHITECT / ENGINEER / DESIGNER: NAME	VALUATION OF WORK \$		_	
·	•		_	
ADDRESS PHONE	# OF PHASES	(MUST BE APPROVED AT SUBMITTAL)		
CONTRACTOR:	OCCUPANT LOAD	(FOR COMMERCI	AL PROJECTS ONLY)	
NAME	# OF APT. OR MOTEL UNITS	# (DE BLUI DINGS	
ADDRESS	# OF ALL OR MOTEL OWITS		of Buildings	
ZIP PHONE	DESCRIPTION OF WORK			
NM STATE LICENSE #	DESCRIPTION OF WORK:			
LICENSE CLASSIFICATION				
NM STATE CRS #				
ABQ. BUSINESS REG. # FA	CINCLE EAMILY DECIDENT	CE CADA	CE	
	SINGLE FAMILY RESIDENO REISSUE			
IGNATURE DATE	TOWNHOUSE	CARPORT PATIO COVER		
DATE DATE	DUPLEX	PATIO COVER PATIO ENCLOSURE		
	DUILEA	FAHO	LITCLOSUKE	

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