



City of Albuquerque

Excavation/Barricade Permit Application Form

Department of Municipal Development ----- Construction Services/Permit Section
Office: 505-924-3400 . Fax: 505-924-3408 . Website <http://www.cabq.gov/construction>

Start Work Date: _____ End Work Date: _____

Purpose: _____

Address/Intersection/Location: _____

Contractor Name: _____ Contact Person: _____

Phone# _____ Fax# _____ Cell# _____

Billing Contact: _____

Barricade Co.: _____ Blue Stake: _____

<input type="checkbox"/> City Funded or NMDOT Project	Project Name: _____
Facility Owner: _____	Project Number: _____

Linear Footage of Cut along Street _____ Work Area linear Footage _____

TOTAL Closure Double Lane Closure Single Lane Closure

Shoulder Closure Sidewalk Closure Bike Lane Closure

Street _____

From / at _____ to: _____

EB / WB / NB / SB Left Parking Lane	EB / WB / NB / SB Left Turn Lane	EB / WB / NB / SB Left Lane	EB / WB / NB / SB Center Lane	EB / WB / NB / SB Right Lane	EB / WB / NB / SB Right Turn Lane	EB / WB / NB / SB Right Parking Lane
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Provide sketch or reference TCP Number