



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

APPLICANT TO PROVIDE ALL INFORMATION BELOW:

CONSTRUCTION ADDRESS: _____

CITY PROJECT # _____

LEGAL DESCRIPTION:

LOT # _____ BLOCK # _____
 SUBDIVISION _____
 TRACT _____ PARCEL _____ UNIT _____
 UPC# _____
 ZONE _____ ZONE ATLAS PAGE _____

WITHIN 1000' OF FORMER LANDFILL YES NO

OWNER
 ADDRESS _____

 ZIP _____ PHONE _____

PERSON WHO WILL UPLOAD ELECTRONIC PLANS	
CONTACT:	
NAME	_____
ADDRESS	_____
EMAIL ADDRESS	_____
ZIP	_____
PHONE	_____

CONTRACTOR:
 NAME _____
 ADDRESS _____

 ZIP _____ PHONE _____
 NM STATE LICENSE # _____
 LICENSE CLASSIFICATION _____
 NM STATE CRS # _____
 ABQ. BUSINESS REG. # FA _____

TYPE OF APPLICATION:

- | | | |
|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> GREEN |
| <input type="checkbox"/> NEW BUILDING | <input type="checkbox"/> TENANT IMPROVEMENT | |
| <input type="checkbox"/> SHELL ONLY | <input type="checkbox"/> SWIMMING POOL | |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> GARDEN WALL, FENCE, RETAINING WALL | |
| <input type="checkbox"/> REMODEL | <input type="checkbox"/> FOUNDATION FOR MODULAR BUILDING | |
| <input type="checkbox"/> REPAIR | <input type="checkbox"/> FOUNDATION FOR MOVED BUILDING | |
| <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> OTHER | |

OWNERSHIP: PRIVATE PUBLIC

CONSTRUCTION DATA: (THIS PROJECT ONLY)

OF STORIES _____
 SQUARE FOOTAGE:
 HEATED _____
 GARAGE _____
 CARPORT, PORCH
 OR PATIO COVER _____
 TOTAL SQ. FT. _____

VALUATION OF WORK \$ _____

OF PHASES _____ (MUST BE APPROVED AT SUBMITTAL)

# OF APT. OR MOTEL UNITS _____	# OF BUILDINGS _____
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DESCRIPTION OF WORK:

- | | |
|--|--|
| <input type="checkbox"/> SINGLE FAMILY RESIDENCE | <input type="checkbox"/> GARAGE |
| <input type="checkbox"/> REISSUE | <input type="checkbox"/> CARPORT |
| <input type="checkbox"/> TOWNHOUSE | <input type="checkbox"/> PATIO COVER |
| <input type="checkbox"/> DUPLEX | <input type="checkbox"/> PATIO ENCLOSURE |

SIGNATURE _____ **DATE** _____