CITY OF ALBUQUERQUE

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

PLAN REVIEW APPLICATION (For information purposes only)

PERMIT # _____
ADDITIONAL PERMIT #S _____
_____
_____
REISSUE FROM MASTER PLAN # _____

APPLICANT TO PROVIDE ALL INFORMATION BELOW:

CONSTRUCTION ADDRESS: _____ **CITY PROJECT #** _____

LEGAL DESCRIPTION:

WITHIN 1000' OF FORMER LANDFILL ☐ YES ☐ NO

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

OWNER:
NAME _____
ADDRESS _____
ZIP _____ PHONE _____

PERSON WHO WILL UPLOAD ELECTRONIC PLANS: (APPLICANT)
NAME _____
ADDRESS _____
ZIP _____ PHONE _____
EMAIL ADDRESS _____

ARCHITECT / ENGINEER / DESIGNER:
NAME _____
ADDRESS _____
ZIP _____ PHONE _____

CONTRACTOR:
NAME _____
ADDRESS _____
ZIP _____ PHONE _____
NM STATE LICENSE # _____
LICENSE CLASSIFICATION _____
NM STATE CRS # _____
ABQ. BUSINESS REG. # FA _____

SIGNATURE _____ **DATE** _____

TYPE OF APPLICATION:

☐ COMMERCIAL ☐ RESIDENTIAL ☐ GREEN

☐ NEW BUILDING
☐ SHELL ONLY
☐ ADDITION
☐ REMODEL
☐ REPAIR
☐ FOUNDATION ONLY
☐ TENANT IMPROVEMENT
☐ SWIMMING POOL
☐ GARDEN WALL, FENCE, RETAINING WALL
☐ FOUNDATION FOR MODULAR BUILDING
☐ FOUNDATION FOR MOVED BUILDING
☐ 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)**

OCCUPANT LOAD _____ **(FOR COMMERCIAL PROJECTS ONLY)**

OF APT. OR MOTEL UNITS _____ # OF BUILDINGS _____

DESCRIPTION OF WORK: _____
_____
_____

☐ SINGLE FAMILY RESIDENCE
☐ REISSUE
☐ TOWNHOUSE
☐ DUPLEX
☐ GARAGE
☐ CARPORT
☐ PATIO COVER
☐ PATIO ENCLOSURE