

## 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:

CONSTRUCTION ADDRESS:			<u> </u>
	REISSUE FROM		
WITHIN 1000' OF FORMER LANDFILL FOR ZONING OFFICIAL ONLY	MASTER PLAN #		
YES NO INITIAL/DATE	TYPE OF APPLICATION:		
	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			
ADDRESS	OWNERSHIP:	PRIVATE	PUBLIC
ZIP PHONE	CONSTRUCTION DATA: (THIS PROJECT ONLY)		
DED CON MINO WILL LAND OF D. E. E.C. E.D. ON TO D. T. V.C.	# OF STORIES		
PERSON WHO WILL UPLOAD ELECTRONIC PLANS:	SQUARE FOOTAGE:		
NAME	HEATEL		
ADDRESS	GARAGI	Ξ	<del>_</del>
ZIP PHONE	CARPORT, PORCH		
EMAIL ADDRESS	OR PATIO COVER		
(ENTER IN APPLICANT & CONTACT FIELD IN SYSTEM)	OR PATIO COVER TOTAL SQ. FT.		_
ARCHITECT / ENGINEER / DESIGNER:	VIII VIII TUON OF WORK		<del>_</del>
NAME	VALUATION OF WORK S	<b></b>	<u> </u>
ADDRESS	# OF DILAGEG	AMIGE DE ADDROVE	A TE CLIPA STEPPA A L
ZIP PHONE	# OF PHASES	_(MUST BE APPROVED	DAI SUBMITIAL)
CONTRACTOR:	OCCUPANT LOAD	(FOR COMMERC	TIAL PROJECTS ONLY)
NAME	# OF APT. OR MOTEL UNITS	щ	OF BUILDINGS
ADDRESS	# OF AFT. OR MOTEL UNITS	#	OF BUILDINGS
ZIP PHONE			
NM STATE LICENSE #	DESCRIPTION OF WORK:		
LICENSE CLASSIFICATION			
NM STATE CRS #			
ABQ. BUSINESS REG. # FA			
TIDQ. DODITION REG. # 171	SINGLE FAMILY RESIDEN	NCE GARA	AGE
	REISSUE	CARF	PORT
NATURE DATE	TOWNHOUSE	PATIO COVER	
	DUPLEX	PATIO	O ENCLOSURE