



CITY OF ALBUQUERQUE
Planning Department
Building Safety Division

MINOR REPAIR AND ALTERATION
BUILDING PERMIT APPLICATION

Date: _____ Permit #: _____

Commercial Residential Type of Work: _____

Construction Address: _____

Legal Description: Lot _____ Block _____ Tract _____ Unit _____

Subdivision: _____

UPC #: _____ City Zone: _____ Zone Map: _____

Historic: Yes No Zoning Approved: _____

Owner Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

NM State License #: _____ License Classification: _____

NM State CRS #: _____ Abq. Business Reg. #: _____

Construction Data: Square Footage: _____ Construction Valuation: _____

Description: _____

Plan Reviewer Date

Signature Date