



CITY OF ALBUQUERQUE

PLANNING DEPARTMENT

BUILDING SAFETY / ZONING DIVISIONS

APPLICATION FOR SIGN PERMIT

DATE: ____/____/____

PERMIT # _____

CONSTRUCTION ADDRESS:

PERMITTEE
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

PROPERTY OWNER (IF DIFFERENT FROM PERMITTEE)
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

CONTRACTOR / INSTALLER
NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
STATE LIC #.: _____ STATE TAX #.: _____
CITY BUSINESS #.: _____ VALUATION: \$ _____

OFFICIAL USE ONLY:
LOT(S): _____ BLOCK(S): _____
SUBDIVISION: _____
UPC #: _____
ZONE: _____ MAP: _____

H-1 ZONE / H-1 BUFFER ZONE OR CITY LANDMARK?
 YES NO
IF YES, LUCC APPROVAL REQ'D (ATTACH COPY OF CERT OF APP)

WITHIN 1000 FT. OF A FORMER LANDFILL SITE? YES NO

ZONING CODE:
APPROVED: _____ DATE: _____
DISAPPROVED: _____ DATE: _____
COMMENTS: _____

INTERNATIONAL BUILDING CODE:
APPROVED: _____ DATE: _____
DISAPPROVED: _____ DATE: _____
COMMENTS: _____

Building Safety Inspection Required? Yes No Electrical Inspection Required? Yes No

I HEREBY ACKNOWLEDGE THAT THIS APPLICATION IS CORRECT AND I AGREE TO COMPLY WITH ALL CITY ORDINANCES. I UNDERSTAND THAT THIS PERMIT SHALL NOT BE VALID WITHOUT FULL KNOWLEDGE AND AGREEMENT OF THE PROPERTY OWNER. I UNDERSTAND THAT THE ISSUANCE OF THIS PERMIT SHALL NOT PREVENT ZONING ENFORCEMENT FROM THEREAFTER REQUIRING CORRECTION OF VIOLATIONS. FINALLY, I UNDERSTAND THAT THIS PERMIT IS NOT VALID UNTIL THE FEE IS PAID AND THAT THE WORK UNDER THIS PERMIT MUST BE COMPLETED WITHIN SIX (6) MONTHS, OR THE PERMIT MUST BE RENEWED.

X _____
SIGNATURE

DATE

SIGN TYPE KEY:

1 = ON PREMISE W = WALL F = FREESTANDING M = MARQUEE
2 = OFF PREMISE R = ROOF C = CANOPY P = PROJECTING

	SIGN NO. 1	SIGN NO. 2	SIGN NO. 3	SIGN NO. 4	SIGN NO. 5	SIGN NO. 6
TYPE (SEE ABOVE)						
AREA (TOTAL sq. ft.)						
ILLUM / MOVING						
IBC REQUIRED (OFFICE USE ONLY)						