



**CITY OF ALBUQUERQUE
ZONING ENFORCEMENT DIVISION
600 2ND ST. NW, ALBUQUERQUE, NM 87102**

APPLICATION FOR SMALL WALL PERMIT

DATE: ____ / ____ / ____

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: _____

WALL / FENCE PERMIT 441109-4919000	FEES	TOTAL
# OF WALLS		
	X \$25.00	
	441109-4919000	

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.

SIGNATURE

DATE