



CITY OF ALBUQUERQUE

Planning Department

Building and Safety

WORK PERMIT APPLICATION

Date: _____ Permit No.: _____

Commercial: _____ Residential: _____ Type of Work: _____ 4 = Repair 5 = Alteration

Construction Address: _____

Legal Description: Lot _____ Block _____ Tract _____ Unit _____

Subdivision: _____

UPC: _____ City Zone: _____ Zone Map: _____

Historic: Yes _____ No _____ Zoning Approved: _____

Owner: Name: _____ Phone: _____ - _____ - _____

Number: _____ Street: _____

City: _____ State: _____ Zip Code: _____

Contractor Name: _____ Phone: _____ - _____ - _____

Number: _____ Street: _____

City: _____ State: _____ Zip Code: _____

Contractor Classification: _____ State License #: _____

State Tax #: _____ City Tax #: _____

Construction Data: Square Footage: _____ Construction Valuation: _____

Description: _____

Plan Reviewer _____ Date _____

Signature _____ Date _____