



**CITY OF ALBUQUERQUE
ZONING ENFORCEMENT DIVISION
APPLICATION FOR PERMIT**

DATE: ____ / ____ / ____

BUILDING ADDRESS:

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

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

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

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 _____

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: _____

UNIFORM BUILDING CODE:
PERMIT NUMBER: _____
APPROVED: _____ DATE: _____
DISAPPROVED: _____ DATE: _____
COMMENTS: _____

	FEES
WALL / FENCE PERMIT 441109-4916000	
TENT PERMIT 425099-4916000	
SIGN PERMIT 441008-4916000	
PLAN REVIEW FEE 425099-4916000	
OTHER	
TOTAL FEES	

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						
UBC REQUIRED (OFFICE USE ONLY)						

Building And Safety Inspection Required Yes No