

Multi-Purpose State Building Application

State of New Mexico
 Albuquerque Office 5200 Oakland Ave., NE
 Las Cruces Office 505 S. Main St., Ste 150
 Santa Fe Office 2550 Cerrillos Road

Regulation and Licensing Department
 I-25 @Alameda Albuquerque, New Mexico 87113
 P.O. Box 939 Las Cruces, New Mexico 88004-0939
 Santa Fe, New Mexico 87504

Construction Industries Division
 Phone: (505) 222-9800 Fax: (505) 765-5670
 Phone: (505) 524-6320 Fax: (505) 524-6319
 Phone: (505) 476-4700 Fax: (505) 476-4685

Date Issued: _____		Processed By: _____		TRACKING/Permit Number: _____	
Received By: Mail (A / R) _____	Paid By: _____	Cash Receipt #: _____	Check #: _____	Total Fees \$ _____	
Walk - In (A / R) _____		Cash Receipt #: _____	Check #: _____	Balance Due \$ _____	

Please check the appropriate type for which you are applying:

Building Permit
 Residential
 Commercial
 Pre-Bid
 Electrical Review Only
 Mechanical/Plumbing Review Only

Type of Construction: I II III IV V A B Total Sq Ft. _____

Occupancy Group: A B E F H I M R S U Valuation / Sign Contract \$ _____

Division: 1 2 3 4 5

Description of Work:

New Construction
 Addition
 Alterations/Repairs
 Re-Roof
 Foundation Only
 Demolition
 Renew Permit # _____

Wood
 Masonry
 Adobe
 Rammed Earth
 Alternative Material _____

Metal / Steel (required Engineer STAMPED foundation & structure drawings)
 Baled Straw (required Architectural STAMPED)
 Other: (required Architectural STAMPED)

PLEASE PROVIDE THE FOLLOWING INFORMATION (Refer to the BUILDING PERMIT GUIDE or call for addition information):

Parcel No. and/or Project Address: (must provide physical address) _____	Nearest City/Town/Village to project _____	Zip Code _____	County _____
Subdivision Name _____	Lot Number _____	Township _____	Range _____ Section _____

Provide Written Directions to the project site:

Contractor Information:

Company Name: _____ NM State License Number _____

Address-No. & Street/PO Box/Rural Route _____ City _____ State _____ Zip Code _____ Phone _____

Property Owner or Homeowner Information:

Name: _____

Address-No. & Street/PO Box/Rural Route _____ City _____ State _____ Zip Code _____ Phone _____

Design Professional Information:

Professional Name or Firm: _____ NM State License Number _____

Address-No. & Street/PO Box/Rural Route _____ City _____ State _____ Zip Code _____ Phone _____

PLEASE READ AND SIGN THE FOLLOWING: (Contractors or Homeowner)

I hereby acknowledge by my signature below that I have read this application and state that the above is correct. I agree to comply with the requirements of the New Mexico Building Code. I waive my right to require any inspector to possess a search warrant before they enter the premises to inspect the building covered by this permit. However, I waive this right only on the following conditions: The inspector must be approved by the Construction Industries Division and this inspection must be made at reasonable times for purpose of determining whether the work of building or structure on the premises complies with the New Mexico Building Code. I understand that the issuance of this permit shall not prevent the Construction Industries Division from requiring compliance with the provisions of the New Mexico Building Code.

X _____ Date: _____

OFFICIAL USE ONLY	
PLANING/ZONNING APPROVED BY:	Date
Signature	
FLOOD PLAIN APPROVED BY:	Date
Signature	
PERMIT APPROVED BY	Date
Signature	
UPC APPROVED BY:	Date
Signature	
NEC APPROVED BY:	Date
Signature	