

Multi-Purpose State Building Application

State of New Mexico

Regulation and Licensing Department

Construction Industries Division

Albuquerque Office 5200 Oakland Ave., NE
Las Cruces Office 505 S. Main St., Ste 118
Santa Fe Office 2550 Cerrillos Road

I-25 @Alameda Albuquerque, New Mexico 87113
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Phone: (505) 222-9800 **Fax: (505) 765-5670**
Phone: (575) 524-6320 **Fax: (575) 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
 Electrical Review Only
 Mechanical/Plumbing Review Only

Type of Construction:

I	II	III	IV	V	A	B
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Occupancy Group:

A	B	E	F	H	I	M	R	S	U
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Division:

1	2	3	4	5
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Total Sq Ft. _____
 Valuation / Sign Contract _____

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: _____ Signature _____ Date _____

FLOOD PLAIN APPROVED BY: _____ Signature _____ Date _____

PERMIT APPROVED BY: _____ Signature _____ Date _____

UPC APPROVED BY: _____ Signature _____ Date _____

NEC APPROVED BY: _____ Signature _____ Date _____