



CITY OF ALBUQUERQUE
BUILDING SAFETY DIVISION
 600 2ND STREET N.W.
 ALBUQUERQUE, N.M. 87102
 OFFICE 505-924-3964 FAX 505-924-3967

PLAN REVIEW APPLICATION (For information purposes only)

PERMIT # _____
 ADDITIONAL PERMIT #S _____

APPLICANT TO PROVIDE ALL INFORMATION BELOW:

REISSUE FROM MASTER PLAN # _____
 CITY PROJECT # _____

CONSTRUCTION ADDRESS: _____

LEGAL DESCRIPTION:

WITHIN 1000' OF FORMER LANDFILL YES NO

LOT # _____ BLOCK # _____
 SUBDIVISION _____
 TRACT _____ PARCEL _____ UNIT _____
 UPC # _____
 ZONE _____ ZONE ATLAS PAGE _____

TYPE OF APPLICATION:

COMMERCIAL	RESIDENTIAL
NEW BUILDING	TENANT IMPROVEMENT
SHELL ONLY	SWIMMING POOL
ADDITION	GARDEN WALL, FENCE, RETAINING WALL
REMODEL	FOUNDATION FOR MODULAR BUILDING
REPAIR	FOUNDATION FOR MOVED BUILDING
FOUNDATION ONLY	OTHER

OWNER:

NAME _____
 ADDRESS _____
 ZIP _____ PHONE _____

OWNERSHIP: PRIVATE PUBLIC

CONSTRUCTION DATA: (THIS PROJECT ONLY)

OF STORIES _____
 SQUARE FOOTAGE: _____
 HEATED _____
 GARAGE _____
 CARPORT, PORCH _____
 OR PATIO COVER _____
 TOTAL SQ. FT. _____

VALUATION OF WORK \$ _____

OF PHASES _____ (MUST BE APPROVED AT SUBMITTAL)

OCCUPANT LOAD _____ (FOR COMMERCIAL PROJECTS ONLY)

OCCUPANY GROUP: _____ CONSTRUCTION TYPE: _____

OF APT. OR MOTEL UNITS _____ # OF BUILDINGS _____

DESCRIPTION OF WORK:

PERSON WHO WILL UPLOAD ELECTRONIC PLANS: (APPLICANT)

NAME _____
 ADDRESS _____
 ZIP _____ PHONE _____
 EMAIL ADDRESS _____

ARCHITECT / ENGINEER / DESIGNER:

NAME _____
 ADDRESS _____
 ZIP _____ PHONE _____

CONTRACTOR:

NAME _____
 ADDRESS _____
 ZIP _____ PHONE _____
 NM STATE LICENSE # _____
 LICENSE CLASSIFICATION _____
 NM STATE CRS # _____
 ABQ. BUSINESS REG. # FA _____

SIGNATURE _____ **DATE** _____