

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. 150
 Santa Fe Office: 2550 Cerrillos Road

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(Please check the appropriate type for which you are applying)

State Building Permit Electrical Review Mechanical / Plumbing Review Preliminary Review Pre-Bid Review

DATE ISSUED:	PROCESSED BY:	PERMIT NUMBER:
TYPE of CONSTRUCTION I II III IV V FR 1hr. HT N	FEE PAID (Y / N)	TRACKING NUMBER _____
OCCUPANCY GROUP A B E F H I M R S U	FEE DUE \$ _____	MAIL (A / R) ___/___ WALK-IN(A / R) ___/___
DIVISION 1 1.1 2 2.1 3 4 5 6 7	_____/_____	CHECK # _____ CASH RECEIPT# _____

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

Property Owner/Homeowner Name					
Address-No. & Street/PO Box/Rural Route		City	State	Zip Code	Phone Number (_____) _____
Contractor Company Name				NM State License Number	
Address-No. & Street/PO Box/Rural Route		City	State	Zip Code	Phone Number (_____) _____
Architect/Engineer's Name				NM State License Number	
Address-No. & Street/PO Box/Rural Route		City	State	Zip Code	Phone Number (_____) _____
Specific Use of Building (Residence, Office, etc.)	County This Project Is Located In		Project Address-No. & Street/PO Box/Rural Route		
Nearest City/Town/Village to Project	Subdivision Name		Lot No.	Block No.	Township Range Section
Provide Written Directions to the Project Site: _____ _____					
Description of Work:	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alternative Methods & Materials * <input type="checkbox"/> Foundation Only <input type="checkbox"/> Renew Permit # _____** <input type="checkbox"/> Alteration/Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Masonry <input type="checkbox"/> Metal / Steel <input type="checkbox"/> Wood <input type="checkbox"/> Adobe <input type="checkbox"/> Rammed Earth <input type="checkbox"/> Baled Straw <input type="checkbox"/> Other _____				

*CERTIFICATION FOR ALTERNATIVE METHODS AND MATERIALS form required. **Please call to determine your correct valuation and fee amounts.

TOTAL SQ. FT. _____	**VALUATION \$ _____	**FEE \$ _____
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PLEASE READ AND SIGN THE FOLLOWING:

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 the purpose of determining whether the work or 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 _____
 Contractor's Signature only or Homeowner's Signature above if this is a Homeowner Permit. The Homeowner must also read, sign and notarize the following:

AFFIDAVIT FOR HOMEOWNER CONSTRUCTION PERMIT: - Please print Homeowner name, read, sign and notarize this Affidavit:

I, _____, certify that I intend to build or make installations, alterations or repairs in or to a single-family dwelling owned and occupied or to be occupied by me. I understand I must do all the work myself or with the aid of others who are paid wages and who receive no other form of compensation. If I hire anyone on a payroll, I will furnish my state and federal tax withholding numbers to the Construction Industries Division and will make my payroll records available for inspection by the Division. I understand I cannot perform any electrical, mechanical, or plumbing work under this permit. If I hire a licensed contractor to do any portion of this project, the contractor will apply for his own permit for his portion of the work. I understand I am required to substantiate my construction knowledge to the satisfaction of the Division and complete the Homeowner's Responsibility Form for a Homeowner Construction Permit.

HOMEOWNER SIGNATURE: **X** _____

Sworn to before me this _____ day of _____, 20____.

My Commission Expires: _____

ZONING APPROVAL BY: _____
 (If Applicable- call the Construction Industries Division to verify)

PERMIT APPROVED BY: _____/_____/_____

PRE-BID OR PRILIMINARY APPROVAL BY: _____/_____/_____

UPC APPROVAL BY: _____/_____/_____

NEC APPROVAL BY: _____/_____/_____