

where discoveries are made

Demolition

Los Alamos County Community Development Department 1000 Central Avenue, Suite 150, Los Alamos, NM 87544 505-662-8120 Fax 505-662-8363

Checklist

2 Copies of All DocumentationRequired for Residential

3 Copies of All Documentation Required for Commercial

APPLICATION CHECKLIST

Permit Application completed and signed.

For Commercial Projects a notarized Owner's Affidavit is required from the property owner

CID/Homeowners Responsibility Form – If Homeowner is acting as General Contractor (If Assessor's database does not match owner name on form further proof of ownership may be required. Must be owner's primary residence)

Floor plan showing scope of demolition and identifying all load bearing walls

Description of materials to be disposed of and location of landfill where materials will be disposed.

For Commercial Projects: Structures built before January 1, 1995, an asbestos report is required to be submitted. All commercial waste sent to the Los Alamos County Eco-Station must be accompanied by a Hazardous Materials Assessment Report, certifying that the building has been surveyed for hazardous materials (e.g. asbestos, PCB ballasts, Mercury lamps, etc.) and an abatement report to demonstrate that all hazardous materials identified through the survey have been safely removed by a licensed professional and properly disposed of at a permitted facility.

Los Alamos County Environmental Services Department will assist residents will proper disposal of limited quantities of regulated asbestos containing materials. For more information please call 662-8163.

** This list is not all inclusive, additional information may be required depending on scope of project**

Revised: August 6, 2018

FOR OFFICE USE ONLY

Permit Application



Building Safety

Date:				
Plan/Permit #:				
Plan Review Fee:		Floodplain:		
Please complete a	Il areas on this form that a	nnly Incomplete applica	tions may delay process	
•	Residential		Commercial	
		-	Commercial	
		Address:		
		Email:		
Contractor:		Phone:	Email:	
Address:			License #:	 -
Design Professional (if ap	plicable):		Phone:	
Address:		Email:		
	Owner: Contractor:	Design Professio	nal:	
Type of Work:				
☐ Accessory Structure	☐ Fence **	☐ Remodel	☐ Sun Room	☐ Sign Permanent
☐ Addition	☐ Fireplace	☐ New Dwelling	☐ Photovoltaic	☐ Sign Temporary
☐ Curb-Cut	☐ Foundation	☐ New Roof	☐ Re-Roof	☐ Window/ Door
☐ Deck/Porch Carport	☐ Grading/Excav.	☐ Other	☐ Siding/Stucco	☐ Demo
Square Footage: Heated	Garage: De	ck. Carport. Porch or Pat	io Cover Total Sq. F	t.
	Surager Numbe			
Description of Work:				
Name:		Date: Signat	ure:	
	ering my name above, it co			
foundation or structural mer responsible (at permit holde contractor may deem the str	nber), within the boundaries of a r's cost) for the removal and repl	n existing public utility easeme acement of such non-permane ne public utility for which the e	non-permanent structure (requires ent. Whenever this is the case, perr ent structure(s), at any time County rasement is in place. Any encroachr mpeded as applicable.	nittee shall be fully personnel or County

Util: _____

PW: _____ Fire: ____

PIng: _____

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