



# Commercial Interior Remodel

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

## CHECKLIST

**3 copies of all documentation required**

Application Checklist	PROVIDED	NEEDED	NA
15-Day Building Permit Application completed and signed.			
Proof of Authorization/Ownership (one of the following needed): <ul style="list-style-type: none"> <li>• Owners Affidavit and designation of agent</li> </ul>			
Planning Certificate of Approval (if applicable)			
Is this a change of use? If so, state current and proposed use. (A change of use may require additional zoning changes, special use permits, etc.)			
If this is a change of occupancy or increase of occupancy load <ul style="list-style-type: none"> <li>• Number of required parking spaces including handicap parking spaces</li> <li>• Site plan showing all parking spaces</li> </ul>			
<b>CONSTRUCTION DOCUMENTS (Building Plans) [1/4" scale MINIMUM]</b>			
Existing floor plan			
New floor plan <ul style="list-style-type: none"> <li>• Show complete floor layout including equipment</li> <li>• Identify the use of building spaces</li> <li>• Identify the complete exiting system, including the occupant load of building spaces and path of egress</li> <li>• State the occupancy classification of the building spaces</li> <li>• Provide occupancy classification of all adjacent spaces in same building               <ul style="list-style-type: none"> <li>• Provide wall section and fire assembly rating of all shared walls and roof floor assemblies</li> </ul> </li> <li>• Provide dimensions of rooms, corridors, doors, etc.</li> <li>• Provide a wall schedule to identify new bearing/non-bearing walls, and different wall heights</li> <li>• Identify fire rated assemblies (if applicable) and provide architectural details</li> <li>• Provide floor/wall finish schedule</li> </ul>			
If applicable provide details of bathrooms, kitchens etc. (floor plan and elevations)			
Path of travel from building to handicap parking space Details of handicap space (striping, signage)			
Electrical plan including emergency lighting and exit signs			
Fire alarm system plan			
Sprinkler plan (if applicable)			
Type of construction			

Permit No. \_\_\_\_\_ Code Enforcement \_\_\_\_\_ Utilities \_\_\_\_\_ Planning \_\_\_\_\_ Building \_\_\_\_\_ Public Works \_\_\_\_\_ Fire \_\_\_\_\_



**LOS ALAMOS COUNTY**  
**BUILDING PERMIT APPLICATION**  
 PHONE: 662-8055 FAX: 662-8363

<b>PLEASE CHECK ONE:</b> RESIDENTIAL _____ COMMERCIAL _____	NAME OF _____
	SUBDIVISION : _____ LOT/TRACT NO: _____

PROJECT ADDRESS: \_\_\_\_\_ OWNER : \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ OWNER PHONE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

QUALIFYING PARTY: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

STATE LICENSE NO. AND TYPE: \_\_\_\_\_ LOS ALAMOS BUSINESS LICENSE NO. \_\_\_\_\_

ARCHITECT AND LICENSE NO. \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON / Title: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**DESCRIPTION OF WORK TO BE PERFORMED:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are there any fences, walls or retaining walls included in this permit? If yes, brief description and location on property:**  
 \_\_\_\_\_

VALUATION/APPRAISAL (of work to be permitted): \_\_\_\_\_ LOT SIZE: \_\_\_\_\_ LOT COVERAGE (%): \_\_\_\_\_  
 (Include all structures on site)  
 HEIGHT of BUILDING (measured from final grade to peak of roof) \_\_\_\_\_ LOT SETBACKS -- Front: \_\_\_\_\_ Sides: \_\_\_\_\_ Back: \_\_\_\_\_

**Any net changes in Area (otherwise NA)**

<b>Record in Square Feet</b>	Existing Heated	Proposed Heated	Proposed Unheated	Total
Basement	_____	_____	_____	_____
First Floor	_____	_____	_____	_____
Second Floor	_____	_____	_____	_____
Garage	_____	_____	_____	_____
Porches, Portals, etc..	_____	_____	_____	_____
Decks	_____	_____	_____	_____

Total Heated  + Total Unheated  + Total Square Feet

I hereby acknowledge that I have read the application and state that the above is correct and agree not to start this project until the permit is issued. I will post the building permit and keep approved plans at the job site until the project is completed and finalized by the County, as shown by an approved final inspection signature on permit card. It is my responsibility to find out what inspections are required. All inspections must be requested one business day in advance before 3:00 PM by calling 662-8009. **Address numbers must be visible from the street at all times.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: OWNER: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_ ARCHITECT: \_\_\_\_\_ OTHER \_\_\_\_\_

**THIS PERMIT IS NON-TRANSFERABLE Please submit 2 copies if residential or 5 copies if commercial Form must be complete to be processed**

Received Date Stamp

Accepted for Review

Building Code

**PERMITTED AND INSPECTED**  
**UNDER**  
**2009 NEW MEXICO CODES**