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	pply. Incomplete applica	tions may delay process.	
Residential		Commercial		
Project Address:				
Owner:		Address:		
Phone:		Email:		
Contractor:		Phone:	Email:	
Address:			License #:	
Design Professional (if ap	plicable):		Phone:	
Address:		Email:		
Main Point of Contact: (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
	Garage: De	ack Carnort Borch or Pat	io Cover Total Sq. F	•
Valuation of Work: \$		er of Stories:		
			ure:	
l understand that by ente	ering my name above, it co	onstitutes as a legal signa	ture.	
foundation or structural mer responsible (at permit holde contractor may deem the str	mber), within the boundaries of a r's cost) for the removal and repl	an existing public utility easeme lacement of such non-permane he public utility for which the e	non-permanent structure (requires ent. Whenever this is the case, perr ent structure(s), at any time County asement is in place. Any encroachr npeded as applicable.	nittee shall be fully personnel or County

1000 Central Avenue, Suite 150 Los Alamos, NM 87544 P 505.662.8120 F 505.662.8363 Rev. 2/2018

Util: _____

PW: _____ Fire: ____

Plng: _____