



# Multi-Purpose State Building Application

G

State of New Mexico

Regulation and Licensing Department

Construction Industries Division

Santa Fe  
Albuquerque  
Las Cruces

2550 Cerrillos Rd  
5500 San Antonio NE  
505 S. Main St. Ste. 118

Santa Fe, NM 87505  
Albuquerque, NM 87109  
Las Cruces, NM 88004

Phone: (505) 476 - 4700  
(505) 222 - 9800  
(575) 524 - 6320  
Fax: (505) 476 - 4685  
(505) 765 - 5670  
(575) 524 - 6319

<input type="checkbox"/> Building Permit (commercial includes electrical/mechanical/plumbing reviews)			<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Pro-Bid	<input type="checkbox"/> Trade Review Only
<input type="checkbox"/> New Construction	<input type="checkbox"/> Alteration/Repairs/Demolition	<input type="checkbox"/> Additions	<input type="checkbox"/> Foundation only	<input type="checkbox"/> Reroof		<input type="checkbox"/> Electrical Review
<input type="checkbox"/> wood	<input type="checkbox"/> metal frame	<input type="checkbox"/> masonry	<input type="checkbox"/> adobe	<input type="checkbox"/> rammed earth	<input type="checkbox"/> metal structure	<input type="checkbox"/> other
<input type="checkbox"/> Mechanical/Plumbing Review						

Description of work:

## THE FOLLOWING INFORMATION MUST BE PROVIDED

Physical Address of job site (must provide a physical address) \_\_\_\_\_ Nearest City/Town/Village \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

GPS Coordinates  
optional X Coordinate \_\_\_\_\_ Y Coordinate \_\_\_\_\_

MUST provide written Directions

## Property Owner or Homeowner Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address No. & Street / PO Box / Rural Route \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

## Contractor Information (must provide proof of contract):

Company Name \_\_\_\_\_ NM State License # and classification \_\_\_\_\_

Address No. & Street / PO Box / Rural Route \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contact Information (Name) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Design Professional Information:

Company Name \_\_\_\_\_ NM State License # \_\_\_\_\_

Address No. & Street / PO Box / Rural Route \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Contact Information (Name) \_\_\_\_\_ Phone \_\_\_\_\_ E-mail address: \_\_\_\_\_

Type of Construction	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> A <input type="checkbox"/> B	Energy Compliance:	Climate Zone:
Occupancy Group	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> Prescriptive	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Division	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Trade-off	
Square Footage:		<input type="checkbox"/> Performance	<input type="checkbox"/> Energy Code Not Applicable

Valuation / Sign Contract: \_\_\_\_\_ Fire Sprinklers Apply Y / N LP gas Appliance Apply Y / N

APPLICANT MUST 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 for 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 purpose of determining whether the work of 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 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Issued: _____		Processed By: _____		Tracking Number: _____	
Received By: _____				Total Fees Due: _____	
<input type="checkbox"/> Walk In	<input type="checkbox"/> Mail	<input type="checkbox"/> E-Mail:	Partial Payment: _____		
Paid By: _____			Balance Due: _____		
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Purchase Order		

## PLANNING/ZONING APPROVED BY:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## FLGOD PLAIN APPROVED BY:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL BUILDING APPROVED BY:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## UPC/UMC APPROVED BY:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## NEC APPROVED BY:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Revised 10/25/18