

TOWN OF BERNALILLO CONVERSION PERMIT

	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. 103	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"/> New Construction <input type="checkbox"/> Alteration/Repairs/Demolition <input type="checkbox"/> Additions <input type="checkbox"/> Foundation only <input type="checkbox"/> Reroof		
<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"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Pre-Bid		
<input type="checkbox"/> Trade Review Only		
<input type="checkbox"/> Electrical Review		
<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
GPS Coordinates optional X Coordinate Y Coordinate		Zip Code County
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"/> Trade-off <input type="checkbox"/> Performance <input type="checkbox"/> Energy Code Not Applicable
Division	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<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
Square Footage:	<input type="checkbox"/> Fire Sprinklers Apply Y / N LP gas Appliance Apply Y / N	
Valuation / Sign Contract:		
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 _____		
Official Use Only		
Date Issued:	Processed By:	Tracking Number:
Received By:	<input type="checkbox"/> Walk In <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail:	Total Fees Due:
Paid By:	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Purchase Order	Partial Payment:
		Balance Due:
PLANNING/ZONING APPROVED BY:		
Signature _____		Date: _____
FLOOD PLAIN APPROVED BY:		
Signature _____		Date: _____
GENERAL BUILDING APPROVED BY:		
Signature _____		Date: _____
UPC/UMC APPROVED BY:		
Signature _____		Date: _____
NEC APPROVED BY:		
Signature _____		Date: _____