Updated 7/23/2013 MSM

CITY OF ALBUQUERQUE
PLANNING DEPARTMENT
BUILDING SAFETY / ZONING DIVISIONS
APPLICATION FOR SIGN PERMIT

DATE:_____/_____/_____

PERMIT # _____

CONSTRUCTION ADDRESS:

_____

PERMITTEE

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

PROPERTY OWNER (IF DIFFERENT FROM PERMITTEE)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

CONTRACTOR / INSTALLER

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

STATE LIC #.:_____STATE TAX #.:_____

CITY BUSINESS #.:_____VALUATION: $_____

OFFICIAL USE ONLY:

LOT(S):_____ BLOCK(S): _____

SUBDIVISION: _____

UPC #: _____

ZONE:_____ MAP: _____

H-1 ZONE / H-1 BUFFER ZONE OR CITY LANDMARK?

☐ **YES** ☐ **NO**

IF YES, LUCC APPROVAL REQ'D (ATTACH COPY OF CERT OF APP)

WITHIN 1000 FT. OF A FORMER LANDFILL SITE? ☐ **YES** ☐ **NO**

ZONING CODE:

APPROVED: _____DATE:_____

DISAPPROVED: _____DATE:_____

COMMENTS: _____

_____

_____

INTERNATIONAL BUILDING CODE:

APPROVED: _____DATE:_____

DISAPPROVED: _____DATE:_____

COMMENTS: _____

_____

_____

Building Safety Inspection Required? Yes ☐ No ☐ Electrical Inspection Required? Yes ☐ No ☐

I HEREBY ACKNOWLEDGE THAT THIS APPLICATION IS CORRECT AND I AGREE TO COMPLY WITH ALL CITY ORDINANCES. I UNDERSTAND THAT THIS PERMIT SHALL NOT BE VALID WITHOUT FULL KNOWLEDGE AND AGREEMENT OF THE PROPERTY OWNER. I UNDERSTAND THAT THE ISSUANCE OF THIS PERMIT SHALL NOT PREVENT ZONING ENFORCEMENT FROM THEREAFTER REQUIRING CORRECTION OF VIOLATIONS. FINALLY, I UNDERSTAND THAT THIS PERMIT IS NOT VALID UNTIL THE FEE IS PAID AND THAT THE WORK UNDER THIS PERMIT MUST BE COMPLETED WITHIN SIX (6) MONTHS, OR THE PERMIT MUST BE RENEWED.

X _____ _____

SIGNATURE *DATE*

SIGN TYPE KEY:

1 = ON PREMISE
2 = OFF PREMISE
W = WALL
R = ROOF
F = FREESTANDING
C = CANOPY
M = MARQUEE
P = PROJECTING

	SIGN NO. 1	SIGN NO. 2	SIGN NO. 3	SIGN NO. 4	SIGN NO. 5	SIGN NO. 6
TYPE (SEE ABOVE)						
AREA (TOTAL sq. ft.)						
ILLUM / MOVING						
IBC REQUIRED (*OFFICE USE ONLY*)						