

**CITY OF ALAMOGORDO
Ordinance Plan Review
Residential**

For Office Use Only
ORN #: _____
Address: _____
Date: _____

- All of the following are required for Ordinance Plan Review:**
- I. Two (2) complete sets of plans or Scope of Work (When applicable)**
 - II. This checklist**
 - III. Completed State Permit Application**

All items below must appear on plans or scope of work.

- ___ 1. Name, address, phone number and license number of the builder appear on all sheets.
- ___ 2. Street address of property appears on all sheets.

Date

Signature of Applicant, or Agent for Applicant

Property Street Address

ORDINANCE REVIEW



EG262

pnz@ci.alamogordo.nm.us
 1376 E. 9th Street
 Alamogordo, NM 88310
 575-439-4220

Date Received _____

Fee: \$ _____

Receipt # _____

\$75.00 FEE

- ACCESSORY BUILDINGS/CARPORT
- CELL/COMMERCIAL TOWERS
- SIGNS/BILLBOARDS
- NEW RESIDENTIAL/ADDITION

\$150.00-\$600.00 10x the fee
 New commercial violation fee

\$50.00 FEE

- DEMOLITION
- FOUNDATION REPAIR

\$30.00 FEE

- REROOF
- WINDOWS
- INTERIOR(R)
- SOLAR (R)

\$100.00

- INTERIOR (C)
- SOLAR PANELS (GROUND)
- SWIMMING POOLS

Please, use this form to apply for ordinance review, with a building permit application for construction. Use this form as a supplement to a building permit application. For analysis of any construction project, please submit a site plan and building plans.

Address of Subject Property:	
Legal Description	
The property currently is used for the following uses:	

Applicant Information

Name:	
Address:	
Business Name:	
Phone:	
E-Mail:	

May we use e-mail to contact you regarding this request? Yes No

Are you the property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Owner Name _____ Address: _____ Phone: _____ E-Mail: _____ What is your relationship to the property owner? _____
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Property Use Information

The proposed use of the property: 1) continues the current use _____ yes _____ no; and/ or
 2) will be the following:

Numeric Characteristics	EXISTING	PROPOSED
Lot Area:		
Lot Width/ Frontage:		
Business Building Floor Area		

ORDINANCE REVIEW

# Open Parking Spaces:		
# Enclosed Parking Spaces:		
# Dwelling Units:		
Building Height		



State of New Mexico – Construction Industries Division
Multi Purpose State Building Application

Santa Fe 2550 Cerrillos Rd, Santa Fe NM 87505 505-476-4700
Albuquerque 5500 San Antonio NE, Albuquerque NM 87109 505-222-9800
Las Cruces 505 S. Main St. Ste. 103, Las Cruces NM 88004 575-524-6320

Web: <https://www.rld.nm.gov> email: CID.PERMITHelp@state.nm.us

The following information MUST be provided. Any missing information may delay processing.

Date Issued:	Processed by:	Tracking/Permit Number:
Received by: Mail/Walk-in	Check #:	Total Fees: \$
		Bal Due: \$

General Builder Name: _____ License # _____

Application Type: (check box)

Commercial Residential Public School

Scope of Work:

General Building Foundation Roofing Demolition

Is this project funded by the state or a municipality or a political subdivision of the state? _____

Is this project for a public school or a charter school under the authority of Public School Finance Authority (PSFA)? _____

Is this project federally funded or within tribal lands? _____

Permit contact information:

Property Owner:

First Name _____ Last Name _____

Address: Street Address _____ City _____ State _____ Zip Code _____

Email Address: _____ Phone: () _____

Contractor:

First Name _____ Last Name _____

Address: Street Address _____ City _____ State _____ Zip Code _____

Email Address: _____ Phone: () _____

Design Professional:

First Name _____ Last Name _____

Address: Street Address _____ City _____ State _____ Zip Code _____

Email Address: _____ Phone: () _____

Type of Construction

Occupancy Group (Residential)

Occupancy Group (Commercial)

Division

I	II	III	IV	V	A	B
R-3	S-2	U				
A	B	E	F	H	I	M
1	2	3	4	5		

Valuation/Sign Contract: _____

Description of work to be performed: _____

Energy Compliance

Climate Zone

Types of Construction

Total Square Footage

Fire Sprinklers Apply

LP Gas Appliance Apply

Prescriptive	Trade-off	Performance	Energy Code Not Applicable
1	2	3	4
5	6	7	NA
Wood	Metal Frame	Masonry	Adobe
Rammed Earth	Metal Structure	Other	

YES NO
YES NO

Plan Review required from following Bureaus:

General Building Modular Electrical Mechanical/Plumbing LP Gas

I hereby state, acknowledge and affirm, under penalty of perjury that, I am an employee of the contractor requesting this permit, the contractor is an active licensed contractor in New Mexico having the appropriate classification for the scope of work to be completed as noted on the permit. I am authorized to request this permit, all information provided in this application is true and correct and accurate, and if issued the permit, the contractor shall fully comply with all requirements of the Construction Industries Licensing Act, its rules, codes and standards in fulfilling all work to be completed pursuant to this permit.

X _____ Date: _____