

Application Tracking #

City of Santa Fe BUILDING PERMIT APPLICATION

Type _____ Class _____ Accepted by _____ Date Accepted _____
Amount Paid: Plan Check Fee \$ _____ **Water Budget Fee \$** _____ **Balance due Permit Fee \$** _____
Land Use Classification Escarpment Floodplain Historical
Type of Construction: **Occupancy Group:** **Division:**
I II III IV V FR 1hr. HT N A B E F H I M R S U 1 1.1 1.2 2 2.1 3 4 5 6 7
Zone District _____ **Occupancy Load** _____

TO BE COMPLETED BY APPLICANT

SITE ADDRESS _____ **Suite or Space #** _____
Subdivision _____ Lot _____ Block _____
Lot Square Footage Total _____
PROPOSED WORK: (Check all that apply)
 New Construction Walls/Fences Signs:
 Additions Grading/Utilities/Landscaping Freestanding Wall Mounted
 Exterior Alterations/Repairs Pools, Sheds Existing # _____ sq.ft. _____
 Interior Remodel Other Proposed # _____ sq.ft. _____
Total _____
DESCRIPTION OF WORK: i.e. Bathroom addition, new 4 room residential addition, new 8 room residence, new commercial building, etc (Note: Work listed herein must be depicted on accompanying plans and/or information if consideration of review requested) _____

PROPOSED USE: describe what facility is to be used for, i.e. new single family residence, new fast food restaurant, new time share residence, new grocery store, etc. _____

Construction Valuation \$ _____	SQUARE FOOTAGE			TYPE OF SEWAGE DISPOSAL	
	Existing	Proposed	Total	<input type="checkbox"/> Public Sewer	<input type="checkbox"/> Private System
Heated	_____	_____	_____	No. of buildings _____	No. of stories _____
Garage	_____	_____	_____	Will the proposed construction result in an increase in the number of residential units?	
Patio /Porch	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many? _____
Total Roofed	_____	_____	_____	Will the proposed construction result in an increase in water use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Square Footage	_____	_____	_____	Urinals _____	Water Fountains _____ Other _____
Number of Plumbing Fixtures Proposed					
Sinks _____	Showers _____	Tubs _____	Toilets _____		

Property Owner _____	Contractor _____
Mailing Address _____	Mailing Address _____
OWNER/BUILDER <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>
Daytime Telephone # _____	State License # _____ City License # _____
Email address _____	Daytime Telephone # _____
	Email address _____

I hereby certify that I am the duly appointed agent authorized to act on behalf of the property owner. I also certify that the information provided in this application is true and correct and it represents the current and proposed status of the subject property; that the plans submitted with this application are complete and in compliance with the building standards set forth in the Santa Fe City Code; and that the plans illustrate all public and private easements located on the property. I also certify that plans and submittals have been prepared in accordance with the submittal checklist. I further understand that failure to follow submittal checklist will result in the delay or rejection of my application.

Contact Name _____ Address _____
Email Address _____ Daytime Telephone _____
Signature Applicant/Agent _____ Date _____