

## **DEMOLITION SUBMITTAL**

(COMPLETE AND SUBMIT WITH PERMIT APPLICATION)

SUBMITTAL DATE: PROJECT ADDRESS:						
PERMIT NUMBER:						
DEMOLITION INFORM	<u>IATION:</u>					
CHECK ONE:	TOTAL DEMOLITION:	PARTIAL DEMOLITION:				
<ol> <li>TYPE OF STRUC</li> <li>TYPE OF STRUC</li> <li>TYPE OF STRUC</li> <li>TYPE OF STRUC</li> </ol>	TURE: TURE: TURE: TURE: N:		- - - 			
ASBESTOS INFORMAT	TION: (required for commer	<u>cial projects)</u>				
ASBESTOS CONTRACTOR: _		DATE OF REPORT:				
ASBESTOS CONTRACTOR LICENSE:		REPORT NUMBER/NAME:				
FEES:						
<u>1<sup>ST</sup> 1500 FT<sup>2</sup> FEE-</u> \$35.00	ADDITIONAL SQUARE FOOTAGE F	<u>EE-</u> \$8.00 FOR UP TO EACH ADDITION	AL 500 FT <sup>2</sup>			
BASE FEE: _ \$35.0	00 ADDITIONA	L SQUARE FOOTAGE FEE:				
	SUBTOTAL:					
SHALL BE INSPECTED BY THE BUI TURNED OFF PRIOR TO DEMOLITI	CLEAR OF ALL MATERIAL AND DEBR LDING INSPECTOR UPON COMPLETION ON. SEPTIC TANKS MUST HAVE TOP RI RIVATE UTILITIES OR STREETS SHALI	N. ALL ELECTRIC, WATER, SEWER AN EMOVED AND BACK FILLED TO GRAD	D GAS SERVICES MUST BE DE. DAMAGE CAUSED BY			
APPROVAL:PLAN	NING DEPARTMENT	BUILDING INSPECTION:	APPROVAL			
APPROVAL DATE:		INSPECTION DATE:				



PERMIT NO	).
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## **PERMIT APPLICATION**

INSPECTION PROCEDURES FOR ALL PERMITS: Call Inspection Hotline (575) 258-6996; leave name, address, and type of inspection, permit number and call back number. All this info MUST be on recorder or inspection cannot be scheduled. Requests will be processed the next business day and will be scheduled as workload and staff availability permits. Every effort will be made to schedule and complete inspections within one to two business days (RMC sec. 22-38)

NOTE: INSPECTIONS WILL ONLY BE SCI	HEDULED VIA THE	INSPECTION HOT	LINE			
Submittal Date:			-	ermit for this Proj	-	No-□
Submittal Type: Building- Plumbi	ng-🗆 Mechani	cal- Electric	:al-□ La	nd/Site Develop	oment-🗆	
	-	Village of Ruido				
1 71		Site Built-□ Site Built-□	Modular-		rainage-□	
NOTE: APPLICA					CCEPTED	
1. Project Address:				arcel Number:		
2. Legal Description: Lot Numl	oer:	Block:	P	lat/Unit:		
Zoning District: Subdivisi	on:		F	lood Zone:		
3. Permit Type: Owner-□		actor-		ernment-□		
3. Building Class: Residential-	Comm	nercial-□				
4. Description of Work: New Con	struction-	Addition-	D	emolition-		
Relocate 5. Permit Description:	-	Change of Occ		lteration/Repair-		
6. Project Valuation:			Permi	it Fees: \$		
7. Owner's Name:			Phone	e Number:		
Mailing Address:			City, State:			
8. Contracting Company:			Phone Number:			
Mailing Address:			City, State:			
New Mexico State License Nur		Class				
10. Contact Person:			Phone	Phone:		
Email:						
11. Responsible Design Profession	nal:		Phone	e:		
12. Plan(s): No-  Yes-  Plan	n(s) Type: Large	e-□ Small-□ E	Electronic-			
13. Percent Slope of Building site:		FLOOR AREA		<u>SQ. FT. COST</u>	VALUE	
BLUE BOXES for OFFICIAL USE ON	// Y	Heated	\$	= \$	<u> </u>	
Occupancy Info:		Open De Covered	CK Ş	= \$ = \$		
Occ. Load:		Storage	\$	= \$		
Occ. Use:		Basemer	nt \$	=\$		
Construction Type:		Car Port Garage	\$ \$	= \$ = \$		
Fire Sprinklers: Yes- No-		Other/Si	ite Dev. \$	= \$		
Waste Type: Sewer- Septic-		Total	\$	= \$	\$	
FEE(S): SUBTTL       \$	correct. I/we are a this application an Village Ordinances Contractor, Plumber plumbers and elec	have carefully exa also aware that who d for the constructi s and State Laws, v er and/or Electricia ctricians must file fo ind/or to use and o	ever is indica on and will o whether here n are the onl or their own a	ated as the "Contra comply with all pro in specified or not. ly persons authoriz applications. To s	actor" assumes ful ovisions of the Bu I/we further un zed to request ins start construction	I responsibility for ilding Codes and iderstand that the pections, and the before a building

Applicant's Signature:

Date: