



COUNTY OF LUNA
PLANNING DEPARTMENT
 201 E. Cody Rd., Deming, New Mexico
 (575) 543-6620 (505) 544-3455

BUILDING PERMIT APPLICATION

| | | | | | |
|-------------------|--------|-------|----------|-----------|--------|
| Applicants Name: | | | | Date: | |
| Address: | | City: | State: | Zip Code: | Phone: |
| Project Location: | | | | | |
| Property Owner: | | | Address: | | |
| Subdivision: | Block: | Lot: | Section: | Township: | Range |

| | | | | | |
|-----------------------|--|-------|--------|--------------------|--------|
| Construction Company: | | | | NM License Number: | |
| Address: | | City: | State: | Zip Code: | Phone: |
| Architect/Engineer: | | | | NM License Number | |
| Address: | | City: | State: | Zip Code: | Phone: |

| | | |
|--------------------------|------------|------|
| Specific Use of Building | | |
| Total Square Feet: | Valuation: | Fee: |

Issuance of a Building Permit shall not be held to permit or to be an approval of the violation of any provision of any county ordinances and codes or any state laws.
 I here by acknowledge that I have read this application and know the same to be true and agree to comply with all the county ordinances and state laws regulating building construction and use.

NOTICE: Applicants are notified that incomplete applications may cause delays. Please complete all information as requested.

Applicants Signature _____ **Date** _____

AFFIDAVIT BY OWNER BUILDER (Must be signed and notarized by the Property Owner)

I/We _____ certify that I/We shall hire only Licensed Contractors on this project, or will furnish tax withholding numbers both State and Federal if I/We hire persons on payroll. Payroll records will be kept and made available for inspection by the Luna County Building Inspector and the Construction Industries Division. Tax information may be obtained from New Mexico State Taxation and Revenue Department at (505) 827-0700.

Sworn to before me this _____ day of _____ 20____
 _____ My Commission Expires: _____.

OFFICIAL USE ONLY

FLOOD ZONE DESIGNATION: A AE AH AO X Panel No. _____ CFM: _____

DOES THIS LIE WITHIN THE DEMING/LUNA COUNTY ETZ: Yes No Division: 1 2 2.1 3 4 5 6 7

Type of Construction: I II III IV V FR 1-HOUR HT NON Occupancy Group: A B E H I M R S U

Building Inspector Approval: _____ Date: _____