



APPLICATION FOR ADMINISTRATIVE PERMIT

Town of Taos
Planning and Zoning Department
400 Camino de la Placita
Taos, New Mexico 87571
Phone: (505) 751-2016 Fax: (505) 751-2026

Date: _____ Case Number: _____

Property Owner: _____

Address: _____
(Mailing Address)

(Subject property address)

Telephone Numbers: _____

Agent: _____

Address: _____
(Mailing Address)

Telephone Numbers: _____

TYPE OF MODIFICATION: (PLEASE CHECK)

*Replacement of:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Window(s) | <input type="checkbox"/> Door Jam(s) | <input type="checkbox"/> Step(s) |
| <input type="checkbox"/> Window Frame(s) | <input type="checkbox"/> Canal(es) | <input type="checkbox"/> Plaster |
| <input type="checkbox"/> Door(s) | <input type="checkbox"/> Bracket(s) | <input type="checkbox"/> Lintil(s) |
| | <input type="checkbox"/> Roofing | <input type="checkbox"/> Viga(s), Latilla(s) or the like |

*** NOTE: All of the above modifications require a building permit.**

DESCRIPTION OF MODIFICATION (S)

VALUATION (APPROXIMATE COST) OF PROPOSED MODIFICATION: \$ _____
(Must be under \$5,000.00)

Zoning: _____ **Acreege of subject property:** _____

***Attach a legal description of property and a copy of registered deed.**

SUBMITTAL CERTIFICATION

I hereby certify that the documentation submitted for review and consideration by the Town of Taos Planning and Zoning Department has been prepared in accordance with Section 4-22.12 (A) of the Town of Taos Land Use Development Code and the Administrative Permit checklist and that failure to include the minimum submittals may result in the delay or rejection of my application. I also certify that the signature(s) affixed to this application are those of the property owner and authorized agent.

Property Owner's Signature	Date	Agent's Signature	Date
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Scope of Work Approved: _____

Name	Title	Date
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Town of Taos Review:

Name	Title	Date
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Pre-Work Inspection Performed By:

Name	Title	Date
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Post-Work Inspection Performed By:

Name	Title	Date
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