Fences/ Wall Application for Permit
Los Alamos County
Community & Economic Development Department
Planning Division
1000 Central Avenue, Suite 150 Los Alamos NM 87544
(505) 662-8120  (505) 662-8363 Fax

CHECKLIST
2 Copies of all documentation required.

<table>
<thead>
<tr>
<th>INFORMATION</th>
<th>PROVIDED</th>
<th>NEEDED</th>
<th>NA</th>
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<tbody>
<tr>
<td>Placement Permit Application completed and signed.</td>
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<td><strong>Time Frames</strong></td>
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<td>● Fences 10 business days</td>
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<td>● Walls 15 business days</td>
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<td>Utility Encroachment Permit Application (if applicable)</td>
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<td>● If a contractor is doing the work provide an owners affidavit or a signed copy of construction contract</td>
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<td><em>(If assessor's database does not match owner name on form further proof of ownership may be required)</em></td>
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<td>Survey or Plot Plan</td>
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CONSTRUCTION DOCUMENTS

| Fence Detail including, footing detail, type of fence, and height (if height changes show on site plan where the height changes) | | | |

SITE PLAN DOCUMENTS

| Scaled Drawing showing property lines, utility lines & meters and location of proposed fence(s). | | | |
| Provide the NM One Call Work Order Number on the Site Plan. | | | |
| NM One Call #________________________________________________________ | | | |
| *(Existing gas and underground electric service lines need to be located by NM One Call 1-800-321-2537 prior to submittal of this application on all lots w/existing utilities)* | | | |
| Show and dimension existing and proposed easements. (utility and drainage) | | | |

OTHER-
NOTE: Complete items below corresponding to diagram. Posts must be two (2) feet below grade when posts are set in concrete and three (3) feet in soil alone.

A — Type of POST: ______________________________

B — Spacing of POST: ___________________________

C — Height of FENCE: ___________________________

D — Depth of FOOTING: _________________________

E — Type of FENCE: _____________________________
# Placement Permit Application 5-Day

**PLEASE CHECK ONE:**  
RESIDENTIAL  
COMMERCIAL  
SHOWING  
NAME OF  
SUBDIVISION  
LOT/TRACT  

**PROJECT ADDRESS:**  
OWNER:  

**OWNER ADDRESS:**  
OWNER PHONE:  

**CONTRACTOR:**  

**PHONE:**  
All Phone:  
E-mail:  

**CONTRACTOR ADDRESS:**  

**STATE LICENSE NO. AND TYPE:**  
LOS ALAMOS BUSINESS LICENSE NO.  

**ARCHITECT AND LICENSE NO.:**  
PHONE:  

**CONTACT PERSON:**  
PHONE:  
FAX:  
E-mail:  

**DESCRIPTION OF WORK TO BE PERFORMED:**  

**VALUATION:**  

**NM One call #:**  
LOT SIZE:  
LOT COVERAGE (%):  
HEIGHT or PITCH OF ROOF (measured from final grade to peak of roof):  

**SIGNATURE:**  
DATE:  

**PRINTED NAME:**  
TITLE: OWNER:  
CONTRACTOR:  
ARCHITECT:  
OTHER:  

**Please submit 2 copies of application • PERMITS ARE NON-TRANSFERABLE**  

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*Form Date 10-12-12*
ATTACHMENT A:
PERMIT FOR ENCROACHMENT ON EASEMENT OR RIGHT-OF-WAY

Owner

Project Address

Subdivision __________________________ Lot No. __________________

County Bldg. Permit No. __________________________

Permission is hereby granted to encroach upon the easement or right-of-way as set forth on the attached sheet which is made a part hereof by this reference.

Any changes in the construction because of change in design, errors, field conditions other than shown on the application, or any other factors requiring construction other than shown on the drawings will require re-approval of this permit. Any changes as mentioned above, or otherwise, will require immediate cessation of the construction, pending such approval. Field conditions other than shown on the drawings, as well as failure to inform the County of Los Alamos of any changes, may be cause for cancellation of this permit.

This permit shall in no way limit or diminish any rights that the County of Los Alamos has in this or any other easement or right-of-way. In the event it is necessary or desirable for the County, its contractors or agents to perform any maintenance, repair, alteration, or construction work in any easement that results in damage to property or construction installed under this permit, the County shall require the owner or permittee to be financially responsible for replacement.

While it is contemplated that the owner or permittee is being granted this permit for the purposes of construction within the easement or right-of-way, the County reserves the right to require such construction to be removed at the owner’s or permittee’s expense when, in the opinion of the County, such removal is necessary or desirable for the purposes for which the easement or right-of-way is owned by the County, and the right to terminate the privilege granted by this permit.

The owner or permittee shall be responsible for any damage to County facilities if the damage results from any installation under this permit.

No provisions expressed or implied in the permit shall be construed to allow or sanction violations of any laws or ordinances covering buildings or other construction.

APPROVED ON THIS__________DAY OF ____________________, 20___________
BY________________________________ (COUNTY ENGINEER OR DESIGNEE)

ATTEST:
CLERK OF LOS ALAMOS COUNTY

05/27/03
ATTACHMENT B:
APPLICATION FOR PERMISSION TO ENCROACH ON UTILITIES AND/OR DRAINAGE EASEMENT OR RIGHT-OF-WAY

Owner ____________________________________________________________

Project Address ____________________________________________________

Subdivision _________________________________________________________ Lot No. ____________

Bldg. Permit # ______________________________________________________

I hereby apply for permission to encroach on the following, as shown on the attached copy of survey:

☐ Utilities Easement ("Note: If Utilities is the only easement checked, utility department is only required signature.)

☐ Drainage Easement

☐ Right-of-Way

The purpose of the encroachment(s) is
__________________________________________________________
__________________________________________________________
__________________________________________________________

I have read the attached “Permit for Encroachment on Easement or Right-of-Way” and if it is granted, I will abide by it.

APPLICANT SIGN_______________________________________________________________

APPLICANT PRINT______________________________________________________________

STATE OF NEW MEXICO )
) s.s.
COUNTY OF LOS ALAMOS )

The foregoing instrument was acknowledged before me this________ day of________, 20____, by____________________________________________________________
Notary Public

My commission expires:___________________

Utilities Department Recommendations:
s/____________________________________________________________

County Engineer’s Recommendations:
s/____________________________________________________________