



DEVELOPMENT PLAN APPLICATION

Community Development Department

VILLAGE OF LOS LUNAS
660 Main Street NW
Los Lunas, NM 87031
(505) 839-3842

PACKET FOR MOBILE / MANUFACTURED HOME PLACEMENTS

1. APPLICANT CONTACT INFORMATION PERMIT # _____

Applicant(s) or Agent(s) _____ Phone _____

Address _____ city _____ state _____ zip _____

Email address _____

Are you the property owner? yes no **If no, please complete the following section:**

Property owner(s) _____ Phone _____

Address _____ city _____ state _____ zip _____

2. PARCEL INFORMATION

Property Identification Number (UPC) _____

Street Address or Location _____

Present land use _____

3. PROJECT INFORMATION

Check one: Mobile Home Manufactured Home Total Sq Ft of Structure _____

Transport Company _____ Contact Name _____ Phone _____

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Village of Los Lunas and the State of New Mexico.

APPLICANT NAME _____ SIGNATURE _____ Date _____

THE STATE OF NEW MEXICO WILL BE RESPONSIBLE FOR ALL INSPECTIONS AND FINAL OCCUPANCY CERTIFICATE
You are responsible for taking all plans and documents to New Mexico Manufactured Housing Division (NMMHD) to obtain applicable permits. www.rld.nm.gov (505)222-9800

Additional Permits: The applicant is responsible for obtaining any additional permits required by other agencies.

If the development is in the SFHA Flood Zone, a Final Elevation Certificate or proof of floodproofing is required to be submitted by the applicant to the Village of Los Lunas at the end of the project.

REMEMBER TO CALL 811 BEFORE YOU DIG. Visit nm811.org for more information.

TO BE FILLED OUT BY STAFF DATE RECEIVED: _____ PERMIT # _____

Zoning: _____ Area Plan: _____ Required Setbacks: Front: _____ ft Rear: _____ ft Side: _____ t

Floodplain Permit Required Yes No Maximum Height Allowed: _____ ft

NOTES _____

APPROVED DENIED REVIEWED BY: _____ DATE: _____

For Cashier's Use Only

PLAN REVIEW FEE	\$
WATER IMPACT FEE	\$
WATER CONNECTION FEE	\$
WATER USAGE DEPOSIT	\$
SEWER IMPACT FEE	\$
SEWER CONNECTION FEE	\$
PARK SERVICE FEE	\$
DRAINAGE PLAN FEE (COMMERCIAL ONLY)	\$
WATER CONSUMPTION REVIEW FEE (COMMERCIAL ONLY)	\$
TOTAL FEES	\$

MHD Housing Placement Checklist

Manufactured Home and Mobile Home

WHAT DO I NEED BEFORE APPLYING FOR A ZONING APPROVAL?

- Zoning Determination
- Floodplain Determination
- Business Registration **ALL contractors and sub contractors*

WHAT DO I NEED TO INCLUDE IN MY APPLICATION?

*The application will not be considered complete if the following applicable documents are missing

COMMUNITY DEVELOPMENT - 660 Main St NW - 505-839-3842

- Zoning Approval Application
- Site Plan
- Skirting information
- Tie down system information
- FEMA Elevation Certificate (If in SFHA)

WHAT DO I NEED TO CLOSE OUT MY PLACEMENT APPLICATION

- Los Lunas Code Enforcement Inspection 505-839-3842
- Close Out Elevation Certificate (If in SFHA) Licensed Surveyor



REQUEST FOR MANUFACTURED HOUSING PERMIT
ALL FIELDS MUST BE COMPLETED OR REQUEST WILL BE DENIED (PLEASE PRINT)

Company Name:		License No:
Contact No:	Fax No:	
Email Address:		
HOMEOWNERS INSTALLING HOME OR FOUNDATION WILL REQUIRE A TEST (\$50) & DIVISION ACKNOWLEDGEMENT		
Owners Name (Print):		Telephone No.:
Owners Email Address (if applicable):		
Owners Address:		
City :	Zip:	County:
Site Address:		
City :	Zip:	County:
MH Park Name (if applicable):		
Directions to location (Please be specific):		

MOBILE HOME INFORMATION
ALL FIELDS MUST BE COMPLETED

Manufacturer:	Size: ___x___	New ___ Used ___	LP Gas: ___Y___N
Number of Units:	<input type="checkbox"/> Single Wide	<input type="checkbox"/> Double Wide	<input type="checkbox"/> Triple Wide
Serial #(s):	<input type="checkbox"/> Pre HUD Mobile Home (Built prior to 06/15/1976) HUD Label #(s):		
Sold By:	Dealer License No.:		

TYPE OF PERMIT

Prior Plan approval on all Permanent Foundation and Alternative Systems requires a New Mexico Licensed Engineer or Manufacturer Design as required by Manufactured Housing Rules and Regulations 14.12.5.11(s).

<input type="checkbox"/> Installation \$65	<input type="checkbox"/> Permanent Foundation \$65	<input type="checkbox"/> Installation & Foundation \$65			
Alternative System: (Check One)	<input type="checkbox"/> AFS	<input type="checkbox"/> MAGNUM	<input type="checkbox"/> MATTGUARD	<input type="checkbox"/> OLIVER	<input type="checkbox"/> SAC
	<input type="checkbox"/> Vector	<input type="checkbox"/> SURE SAFE	<input type="checkbox"/> Ground Xi2	<input type="checkbox"/> Concrete Xi2	<input type="checkbox"/> Asphalt Xi2
*All Installation/ Installation & Foundation Permits Please specify the license number for the contractor completing the scope of work					
Blocking:	Sewer:	Water:	Electrical :	Gas:	Foundation: Other _____ :
Alteration, Modification, Repairs \$65 (Plan Review Required *): Please check one					
<input type="checkbox"/> Pressure Test	<input type="checkbox"/> Merc Test	<input type="checkbox"/> Roofing*	<input type="checkbox"/> Stucco*	<input type="checkbox"/> Door* Like for Like? ___Y___N	
<input type="checkbox"/> Solar (Roof)*	<input type="checkbox"/> Gas Yard Line	<input type="checkbox"/> Siding*	<input type="checkbox"/> Skirting*	<input type="checkbox"/> Window* Like for Like? ___Y___N	
<input type="checkbox"/> Electrical	<input type="checkbox"/> HVAC	<input type="checkbox"/> Other (Specify):			
Misc. Permits and fees					
<input type="checkbox"/> Refurbishing \$120			<input type="checkbox"/> Additional Inspection \$65		
<input type="checkbox"/> Gas Conversion (Plumbing Only) \$15. Please specify type of work performing					
<input type="checkbox"/> Air pressure for gas line			<input type="checkbox"/> Replacement of Orifices		
Department Use Only					
Check No:		Money Order No:		Amount:	

