



Village of Corrales  
4324 Corrales Road  
Corrales, New Mexico 87048  
505-897-0502  
[www.Corrales-NM.org](http://www.Corrales-NM.org)

**\$35.00 Fee**

Due at time of  
Permit

**Contractor/Remodel Contractor**  
**Parcel Permit Application / Ordinance 09-008**

Construction Permit  
ID Number

Date \_\_\_\_\_

Parcel Address \_\_\_\_\_

Village of Corrales, NM 87048

Submit legal description if no address:

Subdivision \_\_\_\_\_ Tract \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Name \_\_\_\_\_

PLEASE PRINT

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Contractor ☐

Remodel ☐

Contract Amount \$ \_\_\_\_\_ License No. \_\_\_\_\_

Estimated Date of Completion \_\_\_\_\_

**NAME OF ENTITY GROSS RECEIPTS TAXES ARE PAID UNDER:**

New Mexico CRS Number:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CRS Filed: Monthly [ ]

Quarterly [ ]

Semi-Annually [ ]

Annually [ ]

**I certify that the above statements are true and accurate.**

\_\_\_\_\_  
**SIGNATURE**

**EACH PARCEL REQUIRES A SEPERATE PERMIT**  
**REUSE OF PERMIT PROHIBITED**

**FOR STAFF USE ONLY**

Date of Permit \_\_\_\_\_

Receipt No. \_\_\_\_\_

Check No. \_\_\_\_\_

Cash \_\_\_\_\_

Credit Card \_\_\_\_\_

**GROSS RECEIPTS INFORMATION**

All gross receipts should be coded as follows:

**Location/Municipality: Village of Corrales**

**Location County: Sandoval County**

**Location Code: 29-504 (make sure this number is shown on all filings)**

If you have sold, constructed, or remodeled in the Village of Corrales in the past three years please check your filings to be sure the correct CRS-1 code of 29-504 was utilized.

**CONTRACTORS, SUB-CONTRACTORS:**

I, \_\_\_\_\_ agree to designate all gross receipts taxes owed to the Village of Corrales, Sandoval county code of 29-504.

I agree to inform the Village of Corrales once I have completed the site the property or job project.

\_\_\_\_\_  
SIGNATURE

**Jurat**

STATE OF NEW MEXICO    )  
  )  
COUNTY OF SANDOVAL    )

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By: (name of person) \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC