

City of Hobbs

- BUSINESS INSPECTION CHECKLIST -

****Complete this form first. It must be approved prior to issuance of Business Registration.****

COMMUNITY SERVICES

Office: (575) 391-8158 Fax: (575) 391-3061

Email: hobbs.permits@hobbsnm.org

Name of Applicant: _____ Phone: _____

Business Name: _____ Email: _____

Proposed Business Location: _____

Property Owner/Landlord: _____

Property Owner/Landlord Address: _____

Property Owner/Landlord Phone: _____

New Building: Yes ___ No ___ **Utilities On:** Yes ___ No ___ **Restrooms:** Yes ___ No ___
Building Permit Issued: Yes ___ No ___ Permit # _____ **Certificate of Occupancy:** Yes ___ No ___
Type of Business: Office ___ Retail ___ Restaurant ___ Day Care ___ Auto Repair ___ Barber Shop ___
 Hair Salon ___ Tattoo ___ Construction ___ Oilfield ___ Tobacco ___ Cannabis ___
 Home-Based Business ___ Online ___ Other: _____

NM Contractor License # _____

Will any customers be going to the business location?: Yes ___ No ___

Will there be any business equipment, big trucks or chemicals stored at this address?: Yes ___ No ___

If yes, please describe: _____

What is the service of the business?: _____

APPROVAL OF APPLICATION FOR OFFICIAL USE ONLY:

Building Official Approval Yes: _____ No: _____ By: _____ Date: _____

Site Inspection Performed Yes: _____ No: _____ By: _____ Date: _____

Fire Dept. Approval Yes: _____ No: _____ By: _____ Date: _____

Site Inspection Performed Yes: _____ No: _____ By: _____ Date: _____

If Denied, Reason _____

Called Customer for Pickup Yes: _____ No: _____ By: _____ Date: _____