



Date: \_\_\_\_\_  
 Project Address: \_\_\_\_\_ Unit#: \_\_\_\_\_ Lot#: \_\_\_\_\_ Tract#: \_\_\_\_\_  
 Standard #: \_\_\_\_\_ Builder Plan #: \_\_\_\_\_ Plan Elevation: \_\_\_\_\_ Roofing: \_\_\_\_\_  
 Const Type:  Frame  Masonry Fence Included:  Yes  No Linear Ft. Fence: \_\_\_\_\_  
 Post-Tension:  Yes  No Fixture Units: \_\_\_\_\_ Water Meter: \_\_\_\_\_ Bldg Supply: \_\_\_\_\_ Total Dev Length: \_\_\_\_\_  
 CPGD#: \_\_\_\_\_ FF Elevation: \_\_\_\_\_ Retention Required:  No  Yes \_\_\_\_\_ Cu. Ft  
**(Proposed Construction Areas)** - 1st Floor Livable SF: \_\_\_\_\_ 2nd Floor Livable SF: \_\_\_\_\_  
 Porch SF: \_\_\_\_\_ Patio SF: \_\_\_\_\_ Garage SF: \_\_\_\_\_ Other SF: \_\_\_\_\_ Detached Bld SF: \_\_\_\_\_  
**(Existing Remodel Areas)** - Livable SF: \_\_\_\_\_ Other SF: \_\_\_\_\_  
 Project Area: \_\_\_\_\_ Project Valuation: \_\_\_\_\_

**Description of Work:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Contact Information:** Check one:  Owner  Contractor  Other \_\_\_\_\_

Owner/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

As property owner, I am not required to use a licensed contractor because the property is intended for my sole occupancy and will not be offered for sale or rent within one year of completion (ARS 32-1121.A.5).

**Contractor Business Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

State License Class and Number (ROC): \_\_\_\_\_

I am the owner (or an authorized agent acting on behalf of the owner) of the property at the address listed on this application.

**Applicant Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Field Contact Information:** (Required for Permit by Inspection)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

For more information or for a copy of this publication in an alternate format, contact Planning & Development at (602) 262-7811 voice or TTY use 7-1-1.

----- **Staff Use Only** -----

**Permit #:**

<b>Permit Name:</b>	<b>Alteration Extent</b> (Remodels Only) <input type="checkbox"/> Minor 20% <input type="checkbox"/> Medium 40% <input type="checkbox"/> Major 60% <input type="checkbox"/> Extensive 80% <input type="checkbox"/> Full 95%	<b>Occupancy Group</b> <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> U
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**Permit Use Class:**    Residential    Residential Sales or Construction Office

**Use Type:**    Single Family    Single Family Attached    Duplex    Mobile Home    Factory Built Building

**Permit Work Type:**

New Custom Home    New Accessory Structure

Addition & Remodel    Addition Only    Remodel – Interior Only    Remodel w/ Exterior Impact

Repairs, Replacements    Service Upgrade – Electrical    Revision to Approved Plan # \_\_\_\_\_

Change of Occupancy    Group Homes, Assisted Living 6-10    Installation – Mobile Home, Factory Built Building

<b>Plan Review Type:</b>	<b>Details:</b>	<b>Reviews:</b>
<input type="checkbox"/> Permit by Inspection	Construction Type: _____	<input type="checkbox"/> Residential: <input type="checkbox"/> Plot Plan:
<input type="checkbox"/> Over the Counter	Structure Class: _____	_____
<input type="checkbox"/> Minor (< 2k sq ft)	Grading & Drainage Permit:	<input type="checkbox"/> Structural: <input type="checkbox"/> Mech/Plumb:
<input type="checkbox"/> Major (> 2k sq ft)	_____	_____
<input type="checkbox"/> Self-Certified		<input type="checkbox"/> Electrical: <input type="checkbox"/> Streetlight:
<input type="checkbox"/> Plot Plan Only		_____
		<input type="checkbox"/> Design Review: <input type="checkbox"/> Other:
		_____
		<b>(Add manual fee)</b>

**Submissions:**    Building Plans    Calculations    Soils Report    Spec Insp cert    Energy Code Compliance

Mechanical Energy C.C.    Other: \_\_\_\_\_

<b>Sprinklers:</b> Y / N	<b>RINV or CITA</b>	<b>C of O</b>	<b>Water Flow Test</b>
<b>Alarms:</b> Y / N	Yes No	Yes No	<input type="checkbox"/> Not required <input type="checkbox"/> Required <input type="checkbox"/> Provided

<b>Site Planning Admin Approval:</b>	<b>Residential Admin Approval:</b>
Approved By: _____   Zoning: _____   Overlay District: _____	Approved By: _____
Date: _____   ZA Case: _____	Date: _____

**WORK ITEMS**

**Staff Use Only**

**Permit #:** \_\_\_\_\_

<p align="center"><b><u>New and Addition</u></b></p> <p><input type="checkbox"/> Existing SF Prior to Addition _____</p> <p><input type="checkbox"/> New Finished Basement _____</p> <p><input type="checkbox"/> New SF 1<sup>st</sup> Floor Livable _____</p> <p><input type="checkbox"/> New SF 2<sup>nd</sup> Floor Livable _____</p> <p><input type="checkbox"/> New SF 3<sup>rd</sup> Floor Livable _____</p> <p><input type="checkbox"/> New SF Garage _____</p> <p><input type="checkbox"/> New SF Other Livable _____</p> <p><input type="checkbox"/> New SF Other non-livable _____</p> <p><input type="checkbox"/> New SF Patio (<b>Use Shade Structure</b>)</p> <p><input type="checkbox"/> New SF Porch (<b>Use Shade Structure</b>)</p> <p><input type="checkbox"/> New Unfinished Basement _____</p>	<p align="center"><b><u>Accessory Structure</u></b></p> <p><input type="checkbox"/> New Garage Attached _____</p> <p><input type="checkbox"/> New Garage Detached _____</p> <p><input type="checkbox"/> New SF Detached bldg. livable _____</p> <p><input type="checkbox"/> New SF Detached bldg. non-livable _____</p> <p><input type="checkbox"/> Prebuilt Storage or Shed _____</p> <p><input type="checkbox"/> Site built Storage or Shed _____</p>	<p align="center"><b><u>Shade Structure</u></b></p> <p><input type="checkbox"/> Aluminum w/ Lattice Roof _____</p> <p><input type="checkbox"/> Aluminum w/ Membrane Roof _____</p> <p><input type="checkbox"/> Aluminum w/ Solid/Metal Roof _____</p> <p><input type="checkbox"/> Masonry / Steel w. Membrane Roof _____</p> <p><input type="checkbox"/> Masonry / Wood w. Membrane Roof _____</p> <p><input type="checkbox"/> Steel w/ Solid or Metal Roof _____</p> <p><input type="checkbox"/> Wood Deck _____</p> <p><input type="checkbox"/> Wood Struct w. or w/o Membrane Roof _____</p>
<p align="center"><b><u>Remodel</u></b></p> <p><input type="checkbox"/> Minor 20%    <input type="checkbox"/> Medium 40%    <input type="checkbox"/> Major 60%</p> <p>                  <input type="checkbox"/> Extensive 80%    <input type="checkbox"/> Full 95%</p> <p><input type="checkbox"/> Convert carport to garage _____</p> <p><input type="checkbox"/> Convert garage carport or patio to living space _____</p> <p><input type="checkbox"/> Existing Remodel SF Livable _____</p> <p><input type="checkbox"/> Existing Remodel SF Other _____</p> <p><input type="checkbox"/> Window Replacement _____</p>	<p align="center"><b><u>Electrical</u></b></p> <p><input type="checkbox"/> Electrical Meter Socket Replacement</p> <p><input type="checkbox"/> Electrical Minor Work</p> <p><input type="checkbox"/> Electrical Service _____amp _____phase</p> <p><input type="checkbox"/> Electrical Service Clearance</p> <p><input type="checkbox"/> Rewiring Residential</p>	<p align="center"><b><u>Fence and Retaining Wall (LF)</u></b></p> <p><input type="checkbox"/> Combo Masonry and Wrought Iron _____</p> <p><input type="checkbox"/> Dooley Block _____</p> <p><input type="checkbox"/> Masonry _____</p> <p><input type="checkbox"/> Ornamental or wrought _____</p> <p><input type="checkbox"/> Wood, Chain Link or Mesh _____</p> <p><input type="checkbox"/> Retaining Wall 3 ft to 6 ft _____</p> <p><input type="checkbox"/> Retaining Wall less than 3 ft high _____</p> <p><input type="checkbox"/> Retaining Wall Over 6 ft _____</p>