



City of Phoenix

CONSTRUCTION PERMIT/PLAN REVIEW APPLICATION

DEVELOPMENT SERVICES DEPARTMENT
200 W. WASHINGTON STREET
PHOENIX, ARIZONA 85003
(602) 495-0480

DATE: _____	INITIALS _____
PERMIT TYPE: _____	T _____
APPLICATION #: _____	
PERMIT NAME: _____	

APPLICANT TO FILL IN AREA WITHIN BOLD LINE

DEVELOPMENT INFORMATION

ADDRESS	BLDG#	SUITE/SPACE#	FLOOR #	ZIP CODE
SUBDIVISION	TRACT	BLOCK	LOT#	APN

CENSUS	QTR SEC	CNCL DIST	ZONING
UNITS	OCCUPANCY	CONST TYPE	STRUC CLASS
PROJECT NUMBER:	Public: Y N	Airport: Y N	IMPACT AREA:
PROPOSED DEVELOPMENT:	Sprinkler: Y N	Fire Alarm: Y N	IMPACT FEE:
TEAM:	Emer Lights: Y N	Airport District: _____ Letter	ADMIN. FEE:
ON-SITE RETENTION REQUIRED: () NO () YES, VOLUME	CU. FT.	UBC STRUC P/M ELEC PFC SITE TRAF PED HLSD	Checklist: <input type="checkbox"/> Building Plans <input type="checkbox"/> Specifications <input type="checkbox"/> Calculations <input type="checkbox"/> Soils Report
			STANDARD #:
			BUILDER PLAN #:

NAME OF BUSINESS:	ROOFING:
DESCRIPTION OF WORK:	WATER METER:
	BUILDING SUPPLY:
	FIXTURE UNITS:
	WRA:
	PATIO:
	GARAGE:
SQ. FT.:	VALUATION:
APPLICANT SIGNATURE: Check one: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other	PLAN ELEVATION:
X:	F.F. ELEVATION:
Date:	ENCLOSED AREA:
APPLICANT PRINT NAME:	PHONE:
OWNER INFORMATION: CONTACT PERSON:	
OWNER/BUSINESS NAME	TELEPHONE #
ADDRESS	CITY
	STATE
	ZIP CODE
PRIME CONTRACTOR INFORMATION: CONTACT PERSON:	
BUSINESS NAME	TELEPHONE #
ADDRESS	CITY
	STATE
	ZIP CODE
LOCAL BUSINESS LICENSE # (PLT)	STATE TAX #
	STATE LICENSE #

C/O REQUIRED _____
C/C REQUIRED _____

REVIEW FEE CODE:

FEE:

PERMIT FEE CODE:

FEE:

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