



Date: _____

Project Address: _____

Bldg#: _____ Floor _____ Suite/Space#: _____ Zip Code#: _____

Recorded Subdivision Name: _____

Tract: _____ Block: _____ Lot #: _____ APN: _____

Description of Work:

Fence included: Yes No High Point of Structure: _____ Valuation: _____
 1st Fl Enclosed SF: _____ 1st Fl Footprint SF: _____ 2nd Fl SF: _____ Total SF: _____
 Standard #: _____ Builder Plan #: _____ Roofing: _____ Const Type: Frame Masonry
 Water Meter: _____ Building Supply: _____ Fixture Units: _____ Plan Elevation: _____
 Porch SF: _____ Patio SF: _____ Garage: _____ FF Elevation: _____
 Hillside: Yes No Retention Required: Yes No _____ CuFt Post-Tension Slab: Yes No

Owner Information:

Owner Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Phone: _____ Fax: _____

Contractor Information:

Business Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Phone: _____ Fax: _____
 Local Business (Phoenix PLT) #: _____
 State Tax #: _____ State License Class and Number (ROC): _____

Applicant Signature:

Check One: Owner Contractor Other _____
X: _____ Print Name: _____
 Company Name: _____ Phone: _____ Fax: _____

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

Initials: _____

Permit Type: _____ Permit Number: **T** _____ Permit Name: _____
 Project Name: _____ Project Number: _____
 SDEV: _____ SPAD: _____ Zoning Overlay Dist: _____ HP District: _____
 CITA Yes No C Of O Yes No Sprinklers: Required Not Required
 Census: _____ Qtr Sec: _____ Cncl Dist: _____ WRA: _____ Zoning: _____
 Units: _____ Occupancy: _____ Const Type: _____ Struc Class: _____
 Checklist: Bldg Plans Specification Calculations Soils Report Special Inspection Certificate
 Review Code: _____ Permit Code: _____ Impact Code: _____ Admin Code: _____
 Review Fee: _____ Permit Fee: _____ Impact Fee: _____ Admin Fee: _____

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