



Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Bldg#: \_\_\_\_\_ Floor: \_\_\_\_\_ Suite/Space#: \_\_\_\_\_ Tract#: \_\_\_\_\_

Project Square Footage: \_\_\_\_\_ Project Valuation: \$ \_\_\_\_\_

**Description of Work:**

This permit shall expire by limitation and become null and void if the work authorized is not commenced within 30 days or completed within 60 days from the date of issuance, or if active and continuous demolition work is suspended or abandoned for any period of five (5) days or more prior to final completion, removal of all debris and dust proofing of the site. All issues regarding the removal of asbestos, if applicable, have been resolved with the Maricopa County Department of Environmental Services prior to initiating this application. Boundary limits of demolition activity as shown on plot plan shall not be exceeded.

Total     Partial     Interior demolition of:

\_\_\_\_\_

Pick-up of existing structure(s) for relocation to: \_\_\_\_\_

\*\*This permit does not allow for the removal of trees and mature vegetation from the site. A separate inventory and salvage plan and salvage permit is required for the removal of trees and mature vegetation

**Owner Information:**

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

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

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

-----**Staff Use Only**----- Initials: \_\_\_\_\_

Permit Type: \_\_\_\_\_ Permit #: **T** \_\_\_\_\_ Permit Name: \_\_\_\_\_

Project Number: \_\_\_\_\_ CITA  Yes  No    C Of O  Yes  No

Census: \_\_\_\_\_ Qtr Sec: \_\_\_\_\_ Cncl Dist: \_\_\_\_\_ Zoning: \_\_\_\_\_

Units: **0** Occupancy: \_\_\_\_\_ Const Type: \_\_\_\_\_ Scope Code: **DEMOLITION** Struc Class: \_\_\_\_\_

Review Fee Code: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit Fee Code: \_\_\_\_\_ Fee: \_\_\_\_\_

Total: \_\_\_\_\_

This publication can be made available in alternate formats (Braille, large print, computer diskette, or audiotape) upon request. Contact the Development Services Department at (602) 262-7811 voice or (602) 534-5500 TTY.