



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: _____

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

Permit #:

Permit Name:	Alteration Extent (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%	Occupancy Group <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> U
---------------------	---	--

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

Plan Review Type:

- ☐ Permit by Inspection
☐ Over the Counter
☐ Minor (< 2k sq ft)
☐ Major (> 2k sq ft)
☐ Self-Certified
☐ Plot Plan Only

Details:

Construction Type: _____
 Structure Class: _____
 Grading & Drainage Permit:

Reviews:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Residential: | <input type="checkbox"/> Plot Plan: |
| _____ | _____ |
| <input type="checkbox"/> Structural: | <input type="checkbox"/> Mech/Plumb: |
| _____ | _____ |
| <input type="checkbox"/> Electrical: | <input type="checkbox"/> Streetlight: |
| _____ | _____ |
| <input type="checkbox"/> Design Review: | <input type="checkbox"/> Other: |
| _____ | _____ |
- (Add manual fee)

Submissions: ☐ Building Plans ☐ Calculations ☐ Soils Report ☐ Spec Insp cert ☐ Energy Code Compliance
☐ Mechanical Energy C.C. ☐ Other: _____

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

Site Planning Admin Approval:

Approved By: _____ Zoning: _____ Overlay District: _____
 Date: _____ ZA Case: _____

Residential Admin Approval:

Approved By: _____
 Date: _____

WORK ITEMS

Staff Use Only

Permit #: _____

<p style="text-align: center;"><u>New and Addition</u></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 1st Floor Livable _____</p> <p><input type="checkbox"/> New SF 2nd Floor Livable _____</p> <p><input type="checkbox"/> New SF 3rd 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 (Use Shade Structure)</p> <p><input type="checkbox"/> New SF Porch (Use Shade Structure)</p> <p><input type="checkbox"/> New Unfinished Basement _____</p>	<p style="text-align: center;"><u>Accessory Structure</u></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 style="text-align: center;"><u>Shade Structure</u></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 style="text-align: center;"><u>Remodel</u></p> <p><input type="checkbox"/> Minor 20% <input type="checkbox"/> Medium 40% <input type="checkbox"/> Major 60%</p> <p style="padding-left: 40px;"><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 style="text-align: center;"><u>Electrical</u></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 style="text-align: center;"><u>Fence and Retaining Wall (LF)</u></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>