



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** -----

Staff Initials: _____ Project #: _____ SPAD: _____
 Permit/Plan Review Type: _____ Permit Number T: _____ Plan Review No: _____
 Permit Name: _____

Project is a revision to an approved plan: Yes No If yes, specify the revision number: _____

Special Permit Categories:

Adaptive Reuse Express Pass CITA Green Building H.E.R.S.
 Historic Preservation Photovoltaic System Solar Water Heater Other: _____

Application: RINV Yes No CITA Yes No C of O Yes No

Quantity & Detail Codes:

RESVAL - NEW	SHADE STR	RV-REM (CIRCLE PERCENTAGE)					RET WALLS
		20%	40%	60%	80%	95%	
R-3C(VB): _____ sq ft	ALMEM: _____ sq ft	R-3C(VB): _____ sq ft				< 3 FT: _____ sq ft	
R-3(VB): (STD ONLY) _____ sq ft	WDMEM: _____ sq ft	R-3(VB): _____ sq ft				3 FT–6 FT: _____ sq ft	
U(VB): _____ sq ft	DECK: _____ sq ft	U(VB): _____ sq ft				> 6 FT: _____ sq ft	
CAR-GARAGE: _____ sq ft	_____ DTL: _____ sq ft	CAR-GARAGE: _____ sq ft				OTHER	
CAR-LIVING: _____ sq ft	_____ DTL: _____ sq ft	CAR-LIVING: _____ sq ft				_____ DTL: _____ sq ft	

Structure:

Occupancy: _____ Construction Type: _____ Structure Class: _____
 Permit Footage: _____ Bldg Footage: _____ Not Req Unknown _____
 Highest Pt of Structure: _____ Calculated Project Valuation: _____

Scope: Scope Code: _____

Zoning: _____ Variance: No Yes # _____

Hillside#: _____ WRA: _____ Sprinkler: Yes No Special Flood Plain Hazard: Yes No

Fee Calculation:

Building Review Code: _____ Review Fee: _____ Permit Code: _____ Permit Fee: _____
 Zoning Review Code: RESTAFF Review Fee: _____ Other Code: _____
 Design Review Code: BSDESREV Review Fee: _____ Other Code: _____

Clearance Checklist Activities:

Structural: _____ Electrical: _____ P/M: _____ Elevator: _____ St Lights: _____
 Zoning: _____ Design Review: _____ HPPR: _____ Civil: _____ Hillside: _____
 Fire: _____ Res Rvsn: _____ Cust Rev: _____ Std Rev: _____ Other: _____

Supplemental Documents:

Bldg Plans Specifications Calculations Soils Report Special Inspection Certificate(s)
 Energy Code Compliance Report – Type: _____ Other _____