



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

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

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

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

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

**Description of Work:**

Tear off       Recover      Start Date: \_\_\_\_\_      Finish Date: \_\_\_\_\_

Roof Slope: \_\_\_\_\_      Roof Drains:  Yes  No      Scuppers:  Yes  No

UL Class/Rating of new membrane assembly: \_\_\_\_\_

Work includes relocation/replacement of: \_\_\_\_\_

Electrical       Plumbing       Gas Line       HVAC

**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: \_\_\_\_\_

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

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

**Initials:** \_\_\_\_\_

Permit Type: \_\_\_\_\_ Permit Number: **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: **REROOFING** Struc Class: \_\_\_\_\_

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

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