



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

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

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

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

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

**Description of Work:** Installation of a subdivision sales office in a Pre-manufactured Building. Subject to the following stipulations:

1. One trailer per subdivision. For sales of lots \_\_\_\_\_ through \_\_\_\_\_ only.
2. ☐ Unit is a Factory-built Building which shall be removed upon occupancy of first model home or within six months from date of issuance, whichever occurs first.  
☐ Unit is a Modular Building which will be in place for thirty-six months subject to Phx Zoning Ord. 608.C.g.
3. Compliance with the current approved subdivision Sales Office Checklist and Regulations.

Serial Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Water Meter: ☐ Yes ☐ No

This permit is for placement of a Pre-manufactured Building only. **A separate installation plan and installation permit is required from the Arizona-Office of Manufactured Housing, 1110 W. Washington #280, Phoenix, AZ 85007. Phone: 602.771.1000. Website: [housing.az.gov/programs/office-of-manufactured-housing](http://housing.az.gov/programs/office-of-manufactured-housing) [housing.az.gov]**

**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 Number: **T** \_\_\_\_\_ Permit Name: **SUBDIVISION SALES OFFICE FBB**

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

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

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

Units: **0** Occupancy: **I:B** Const Type: **I:VB** Scope Code: **SALES OFF** Struc Class: \_\_\_\_\_

Review Fee Code: \_\_\_\_\_ Permit Fee Code: **FACTBUILT\***

Review Fee: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Total \_\_\_\_\_