



PLANNING AND DEVELOPMENT
DEPARTMENT

Self-Certification Program Commercial/Multi-Family Permit Application

Date: _____

Project Address: _____

Lot #: _____ Tract #: _____ Floor: _____ Suite/Space: _____

Building #: _____ Building Area: _____ Building Valuation: _____

Construction Type: _____ Occupancy Type: _____ **(For Multiple Buildings - See Page 2)**

Description of Work: _____

Professional of Record Information

Name: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

AZ License #: _____ Email: _____

Self-Certification Date of Completion: _____ Certificate #: _____

Professional of Record Signature: **X** _____

Responsible Tenant or Owner Information

Owner/Tenant: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

Email: _____

General Contractor Information

Business Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone #: _____ Fax: _____

Local Business (Phoenix PLT) #: _____

Sales Tax #: _____ State ROC #: _____

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.

<u>Building #</u>	<u>Building Area</u>	<u>Building Valuation</u>	<u>Construction Type</u>	<u>Occupancy Type</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Self-Certification Professional is to obtain P&D Clearances (below) prior to project submittal

Site Development Counter Clearance

Site Review:

Project Number: _____

Site Plan Approved: Yes No Not Required

Zoning Approved: Yes No Not Required

Site Inspection Required: Yes No

Other Requirements: _____ Yes No Not Required

Staff Initials: _____ Date: _____

Traffic Review:

Updated Tenant Parking: Approved Not Required

Other Requirements: _____ Yes No Not Required

Staff Initials: _____ Date: _____

Civil Permitting and Water Services Counter Clearance

Bonds Posted: Yes No Not Required

Civil Permits Purchased: Yes No Not Required

Other Requirements: _____ Yes No Not Required

Address Approved: Yes No Correct Address: _____

AFP Project: Yes No

Staff Initials: _____ Date: _____