



PLANNING AND DEVELOPMENT DEPARTMENT

Self-Certification Program Residential – Single Family & Duplex Permit Application

Date: _____

Project Address: _____

Recorded Subdivision Name: _____

Lot #: _____ APN: _____ Project Valuation: _____

(Proposed Construction Areas) 1st Floor Habitable SF: _____ 2nd Floor Habitable SF: _____

Porch SF: _____ Patio SF: _____ Garage SF: _____ Other SF: _____ Detached Bld SF: _____

(Existing Remodel Areas): Livable SF: _____ Other SF: _____ **Total Project SF:** _____

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: _____

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) #: _____ Name: _____

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.

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

Zoning Counter Clearance

- Setback Approved Yes No
- Lot Coverage Approved Yes No
- Height Approved Yes No
- Use Approved Yes No

Staff Initials: _____ Date: _____

Site Development Counter Clearance

Site Review:

Project Number: _____ Zoning: _____

Zoning Overlay District: _____

Single Family Design Review: Approved Required Not Required

Other Requirements: _____ Yes No Not Required

Historic Preservation District: _____

HP Clearance Required (see Historic Preservation Clearance Section) Not Required

Staff Initials: _____ Date: _____

Civil Review:

Single Lot G&D: Approved - CRPR #: _____ FFE: _____

G&D or G&D Plot Plan Required Not Required

On Site Retention: Required Cu Ft: _____ Not Required

Other Requirements: _____ Yes No Not Required

Staff Initials: _____ Date: _____

Historic Preservation Clearance

(If Historic Preservation approval is required, paper submittal is required)

Historic Preservation Approved Yes No

Staff Initials: _____ Date: _____