



To request a conditional utility clearance, the owner or owner agent shall complete this form and provide a copy to the area inspector or Field Supervisor for permanent records. The required fee shall be paid via the phone at (602) 262-7811 or at the Development Center, Payments and Submittals Counter, 200 W. Washington Street, 2nd Floor, Phoenix, Arizona 85003.

A request is hereby made to the Building Official (pursuant to Phoenix Building Construction Code, Section 111.2) for the following temporary clearance: GAS ELECTRICITY

Project Address: _____ Permit Number: _____

Project Name: _____ Date Requested: _____

The owner understands, promises and agrees with the following conditions:

1. The gas or electricity service **SHALL NOT** be used to serve the building for other than (1) temporary connection for testing or construction purposes; or (2) limited occupancy approval.
2. All required special inspections and observations shall be performed and all documentation shall be submitted to the Building Official for review prior to issuance of a final or certificate of occupancy.
3. A recognized lockout/tagout procedure shall be in place and utilized as necessary.
4. An application fee (see Phoenix City Code, Appendix A.2: (Temporary Utility Clearances) shall be paid and a copy of this document shall be posted with the permit.
5. The premises **SHALL NOT** be utilized or occupied without first having obtained a Temporary Certificate of Occupancy (TCO), or other required approvals from the Building Official.
6. Other stipulations:
7. **IF FOR ANY REASON THE ABOVE NOTED ITEMS ARE NOT COMPLIED WITH, THE AFFECTED SERVICE EQUIPMENT SHALL IMMEDIATELY BE REMOVED FROM SERVICE.**
8. If the city of Phoenix orders the service equipment to be disconnected for failure to comply with the terms of this agreement, the owner hereby holds harmless and indemnifies the city of Phoenix.

The following information shall be completed by:

Owner or Legal Agent

Name: _____

Phone: _____

Address: _____

City: _____ State: _____

Signature: _____

Date: _____

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.

Contractor (Select only one):

PLUMBING

ELECTRICAL

MECHANICAL

Name: _____

Phone: _____

Address: _____

City: _____ State: _____

State License Number: _____

Fee Paid: _____

Signature: _____

Date: _____

FOR BUILDING OFFICIAL USE ONLY:

Clearance Number: _____

Date: _____

Comments: _____

Distribution: Original – Customer
Copy – Inspections Section
Copy – Field Inspector