



Permit Application

PLEASE COMPLETE PARTS A-F BELOW

PART A: DESCRIPTION OF PROPERTY Tax Parcel # _____

Site Location/Address: _____ City/State/Zip: _____

Property Owner/Applicant name: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

PART B: PROPOSED PROJECT: _____

Square feet: _____ Height: _____ Estimated Value of Proposed project: \$ _____

PART C: HEALTH SERVICES SECTION Sewer Septic System: IF SEPTIC SYSTEM: New Existing:

PART D: OWNER/BUILDER INFORMATION – In Accordance with A.R.S. Title 32

I am currently a licensed contractor: Name: _____ Doing Business As: _____

ROC License #: _____ Classification of ROC License: _____

I AM Owner/Builder: Name: _____ Address: _____

EXEMPTION FROM LICENSING

I am exempt from Arizona Contractors' license laws on the basis of the licensing exemptions contained in A.R.S. 32-1121A.

I am the Owner/Builder of the property. I will follow in strict compliance with 32-1121A.5. The property is intended for the sole occupancy by the owner, not intended for occupancy by members of the public: owner's employees, or business visitors. The structures are **NOT INTENDED FOR SALE OR RENT WITHIN 1 YEAR AFTER COMPLETION.**

PART F: CERTIFICATION SIGNATURE

I hereby certify that I am the owner or duly authorized owner's agent and that all information on this application and the attached site plan is accurate. I understand that if any of this information is false, it may be grounds for revocation of this permit. I further certify that I will comply with all County, City and State and Federal regulations applicable to said property, and **acknowledge that I am not authorized to begin work until I have received a numbered permit.** I FURTHER AUTHORIZE COUNTY EMPLOYEES AND APPROPRIATE REGULATORY AGENCIES TO ENTER ONTO SAID PROPERTY TO MAKE REASONABLE INSPECTIONS FOR COMPLIANCE.

Signature: _____ Date: _____

County Assigned Address: _____

Construction Plans: Yes No Flood Zone _____ Flood Panel _____ Flood Date: _____

Permit Type	Permit #	Fee	Date Rec'd	Description
Building Code				
Building Code				
MFH/FBB				
Health				
FPUP				
Surcharge				

Total \$ _____

Permit Tech Approved: _____