



BUILDING PERMIT AND OCCUPANCY APPLICATION

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FOR STRUCTURAL INSPECTIONS CALL: Pat – 800-384-8601

Description of Work: _____	<u>Fee</u>	<u>Surcharge</u>
Property Owner: _____	BUILDING	\$ _____ \$ _____
Property Address: _____	PLAN CHECK	\$ _____
Legal Description: _____	PRE-PAID PL.CHECK	\$ _____
Contractor: _____	FIRE & LIFE SAFETY	\$ _____
C.C.B. #: _____ C.B.L. #: _____	PLUMBING	\$ _____ \$ _____
Phone: _____	PLUM. PLAN CHECK	\$ _____
Address: _____	MECHANICAL	\$ _____ \$ _____
Estimated Total Valuation Amount: _____	ELECTRICAL	\$ _____ \$ _____
Mechanical Contractor: _____	ELEC. PLAN CHECK	\$ _____
C.C.B. #: _____ C.B.L. #: _____	PHX. WATER S.D.C.	\$ _____
Phone: _____	MED. WATER S.D.C.	\$ _____
Address: _____	TRANS. S.D.C.	\$ _____
Plumbing Contractor: _____	TRANS. I.D.C.	\$ _____
C.C.B. #: _____ C.B.L. #: _____	PARK S.D.C.	\$ _____
Phone: _____	STORMWATER S.D.C.	\$ _____
Address: _____	SCHOOL EXCISE TAX	\$ _____
Electrical Contractor: _____		
C.C.B. #: _____ C.B.L. #: _____	SUB TOTAL	\$ _____ \$ _____
Phone: _____	TOTAL FEE	\$ _____
Address: _____		

Special Conditions: _____

Building:

Occupancy: _____
 Type Const: _____
 Floor Area: _____
 No. Stories: _____
 No. Bedrms: _____

***Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.**

I hereby certify the contents of this application to be correct to the best of my knowledge, and further, that I have read, understand, and agree to the following:

- 1. Work shall not proceed past approved inspection stage.**
- 2. All inspections shall be called in for 24 hours in advance.**
- 3. Any modification in plans or work shall be reported in advance to the Building Department.**
- 4. Responsibility for complying with all applicable federal, state, or local laws, ordinances, or regulations rests solely with the applicant.**

Approved for Issuance by: _____ Applicant's Name (please print): _____

Zoning Clearance: _____ Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY

Amt. Pd. \$ _____ Check: _____ Cash: _____ Receipt: _____ Initials: _____