



Date: _____

Project Address: _____ Floor: _____ Suite/Space: _____

Building #: _____ Building Area: _____ Proposed Work Valuation: _____

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

Description of Work: _____

(If submittal is a revision to a previously approved project, please provide the original plan review log number.)

I am the owner (or an authorized agent acting on behalf of the owner) of the property at the address listed on this application.

Applicant Signature: _____ **Print Name:** _____

Applicant Phone: _____ Email: _____

Contact Information: Check one: Owner Contractor Other _____

Owner/Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Contractor Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

State License Class and Number (ROC): _____

Field Contact Information: (Required for Permit by Inspection)

Name: _____ Phone: _____

Developer/Owner/Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

An applicant may receive a clarification from the city of its interpretation or application of a statute, ordinance, code or authorized substantive policy statement. To request clarification or to obtain further information on the application process and applicable review time frames, please call 602-262-7811 or visit our website at <http://phoenix.gov/pdd/licensetimes.html>. 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>Proposed Work</u> <u>Valuation</u>	<u>Construction Type</u>	<u>Occupancy Type</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

----- Staff Use Only -----

Staff Initials: _____ Project #: _____ SPAD: _____

Permit/Plan Review Type: _____ Permit Number T: _____ Plan Review No: _____

Permit Name: _____

Project is a revision to an approved plan: Yes No If yes, specify the revision number: _____

Special Permit Categories:

- Adaptive Reuse Historic Preservation Express Pass Photovoltaic System
 Wireless Communication Facility (WCF) OTHER _____

Application: CITA Yes No C of O Yes No

Quantity: Total Valuation: _____

Structure:

Units: _____ Highest Pt of Struct: _____ Occupancy: _____ Construction Type: _____
 Structure Class: _____ Permit Footage: _____ Bldg Footage: _____ Not Req Unknown

Scope: Scope Code: _____

- Sprinkler: Yes NFPA13-Comm NFPA13R-Res to 4-story No Unknown
 Fire Alarm: Yes Sprinkler Monitored Evacuation-Audible/Visual No Unknown
 Emergency Lights: Yes No Unknown
 Site Inspection: Yes No
 Zoning: _____ Variance: No Yes # _____

Fee Calculation:

Building Review Code: _____ Review Fee: _____ Permit Code: _____ Permit Fee: _____

Clearance Checklist Activities:

Team: _____ IBC: _____ Structural: _____ Electrical: _____ Plum/Mech: _____
 AFP: _____ LSC: _____ PCD: _____ Elevator: _____ Impact: _____
 Site: _____ HPPR: _____ Traffic: _____ Civil: _____ Plat: _____
 Addressing: _____

Supplemental Documents:

- Building Plans Specifications Calculations Soils Report Special Inspection Certificate(s)
 Energy Code: Architectural Mechanical Electrical