COMMERCIAL PERMIT APPLICATION
APPLICANT TO PROVIDE ALL THE FOLLOWING INFORMATION (PLEASE PRINT)

City of Show Low
Building Safety Department
180 N. 9' Street
Show Low, AZ 85901
(928) 532-4050
Fax: (928) 532-4059

Owner: Mailing Address:
City: State: Zip Code: Phone:

Owner e-mail address: Fax:
Contractor: Mailing Address:
City: State: Zip Code: Phone:

Contractor e-mail address: Fax:
Contractor License AZ ROC #: City of Show Low Business License #: 

Architect/Engineer:
Mailing Address:
City: State: Zip Code: Phone:

Architect/Engineer e-mail address: Fax:
Occupancy Classification: Type of Construction: # of stories:
Describe Building Project:

*Additions/Alterations/Tenant Improvements require a material cost Valuation:

Floor Area total sq. ft: Basement: 1st: 2nd: 
Exits Required: Basement: 1st story: 2nd story: 3rd story: 

Automatic Sprinkler: Yes No If "Yes": Full Partial Wet Dry
Backflow: Yes No If "Yes": Dry Wet Chemical Pumped Storage

Snow Load 4:12 or greater- 30 lbs live snow load, less than 4:12- 35 lbs live snow load
Electrical Plans: use NEC-2017 standards Seismic Zone: B
Mechanical Plans: use IMC-2018 standards Exposure: C
Plumbing Plans: use IPC-2018 standards Wind Load: 90 mph
Building Plans: use IBC-2018 standards Frost Line: 18 inches
Fire Plans: Contact Timber Mesa Fire & Medical District at (928) 537-5100

A deposit of at least $50.00 must be submitted with this application and will be applied to the plan review fee.

*As of 1/1/2018 a valid e-mail address must be provided in order to receive copies of inspection reports.

†Any person, business or company (including subcontractors) conducting business within the city limits of Show Low must have a City of Show Low Business License. An application is included in this packet or you may call City Hall at (928) 532-4040 for further information.

$Building plans may be submitted using the 2006 or 2018 codes until February 7, 2021. After this date all plans must be submitted using the 2018 codes.
NOTICE

Separate inspections are required for footings, stem wall, slab reinforcement, under floor framing, roof sheathing/nailing, framing, insulation, drywall nail, water service/sewer service, underground plumbing, rough plumbing/framing/electrical/heating ducts/vents, gas yard line, final gas test, electric service, and final.

Per Section 7-5-6 of the City of Show Low Building codes, a re-inspection fee ($50.00) may be assessed for each inspection or re-inspection when such portion of work for which inspection is called is not complete or when corrections called for are not made. Re-inspection fees may also be assessed when the inspection record card is not posted or otherwise available on the work site, the approved plans are not readily available to the inspector, for failing to provide access on the date for which inspection is requested, or for deviating from plans requiring the approval of the building official.

This permit becomes null and void if work of construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after the work is commenced.

Per Section 7-3-7 of the City of Show Low Building codes, the applicant shall be responsible for determining which plan review process will be followed. The timelines outlined within each process apply only to city review and do not include the time that comments have been returned to the applicant for required revisions or to the time required for third-party plan review.

PLAN REVIEW PROCESS (SELECT ONE): □ STANDARD (30 WORKING DAYS) □ NON-STANDARD (40 WORKING DAYS)

I hereby certify that I am the property owner or have been authorized by the property owner and have read and examined this application and know the same to be true and correct. All provisions of laws and ordinance governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

_________________________  _________________________  _________________________
Name of Agent or Owner (please print)  Signature of Agent  Signature of Owner

OR

THIS FORM SHOULD BE REVIEWED AND A COPY RETAINED BY THE APPLICANT.

CONTRACTOR LICENSING VERIFICATION

Prior to issuance of a Permit, each applicant must verify that they have a currently Licensed Contractor.

I hereby state that I am a Contractor, currently licensed to perform the work that is covered by the Permit.

Transaction Privilege Tax Number: ________________________________

_________________________  _________________________  _________________________
Name (Please Print)  Signature  Date