COMMERCIAL PERMIT APPLICATION

APPLICANT TO PROVIDE ALL THE FOLLOWING INFORMATION (PLEASE PRINT)

For Office Use Only
Permit #: _____
Date Received: ___/___/_____
Plan Review: Standard / Non-Standard
Deposit: $_____

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

Project Address: _____

Assessor's Parcel Number: _____

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.

Additional Comments:

_____

_____

_____

_____

_____

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.

_____	_____ OR _____	
Name of Agent or Owner (please print)	Signature of Agent	Signature of Owner

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