RESIDENTIAL 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

Construction Address: Lot _____ Unit_____

Subdivision: _____

Street Address: _____

Assessor's Parcel Number:_____

Owner: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Contractor: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Contractor License #: ROC - _____ *City of Show Low Business Permit #: _____

Describe Building Project: __ New __ Addition __ Alteration __ Repair __ Move __ Remove
Other:_____

Any existing buildings on property at present: _____

NEW CONSTRUCTION SPECIFICATION: Livable sf: _____ Porch (covered) sf: _____
Garage sf: _____ Deck (uncovered) sf: _____
Other, sf: _____ Water meter specs: _____

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

Separate inspections are required for footings, stem wall, slab reinforcement, under floor framing, roof sheathing/nail, 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 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 Signature of Agent Signature of Owner

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

*Any person, business or company that does business within the city limits of Show Low **must have** a City of Show Low business license, aside from a contractor's license. For further information, please call City Hall at (928) 532-4000.

CITY OF SHOW LOW
BUILDING SAFETY DEPARTMENT
180 N. 9TH STREET SHOW LOW,
AZ 85901
(928) 532-4050 /FAX (928) 532-4059

CONTRACTOR LICENSING VERIFICATION

Prior to issuance of a Building Permit, each applicant must verify that they are a currently Licensed Contractor or is exempt from licensing requirements.

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

--OR--

I hereby verify that I am exempt from the requirements of licensing because:

_____ I am a property owner working on my own home, not for sale or rent.
_____ I claim other specific exemptions under ARS 32-1121 as follows:

_____
_____
_____
_____

_____	_____	_____
Name (Please Print)	Signature	Date