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

Construction Address: Lot_____ Unit_____

Subdivision:_____

Street Address:_____

Assessor's Parcel Number:_____

Owner: _____ Mailing Address: _____

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

E-mail address: _____ Fax:_____

Contractor: _____ Mailing Address: _____

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

E-mail address: _____ Fax:_____

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

Architect or Engineer of Record: _____

Mailing Address: _____

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

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-2005 standards	Seismic Zone:	B
Mechanical Plans:	use IMC-2006 standards	Exposure:	C
Plumbing Plans:	use IPC-2006 standards	Wind Load:	90 mph
Building Plans:	use IBC-2006 standards	Frost Line:	18 inches
Fire Plans:	use IFC-2006 standards		

A **$400.00 deposit** must be submitted with this application and will be applied to the plan review fee.

***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) 532-4000 for further information.**

Additional Comments:

_____

_____

_____

_____

_____

NOTICE

Separate instructions 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