



## BUILDING PERMIT APPLICATION

**OWNER**

Name: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email: \_\_\_\_\_

**APPLICANT / CONTACT**

Name \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Work/Cell # \_\_\_\_\_  
 Email: \_\_\_\_\_

**CONTRACTOR**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 License # \_\_\_\_\_  
 Email: \_\_\_\_\_

**ARCHITECT/ENGINEER**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email: \_\_\_\_\_

**PROPERTY INFORMATION**

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
 Assessor's Parcel # \_\_\_\_\_  
 Zoning \_\_\_\_\_ Floodplain \_\_\_\_\_ Sq ft Lot \_\_\_\_\_  
 Job Address \_\_\_\_\_

**TYPE OF IMPROVEMENT**

|                                       |                                   |                                    |                                     |
|---------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Modular   | <input type="checkbox"/> Plumbing   |
| <input type="checkbox"/> Alteration   | <input type="checkbox"/> Repair   | <input type="checkbox"/> Re-Roof   | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Demolition   | <input type="checkbox"/> Remodel  | <input type="checkbox"/> Equipment | <input type="checkbox"/> Electrical |

**PROPOSED USE**

Single Family       Commercial  
 Mutli Family       Motel # of Units \_\_\_\_\_  
 Garage - Attach       Garage - Detached  
 Other/Non Residential Specify \_\_\_\_\_

**OTHER PERMITS & APPROVALS**

Health Department # \_\_\_\_\_  
 ADEQ/ Septic Permit # \_\_\_\_\_  
 Highway Dept # \_\_\_\_\_

**ELECTRIC SERVICE**

**TYPE:**  
 Residential  
 Commercial  
 Sub Panel # \_ \_\_\_\_\_

**SERVICE SIZE**

100     200     400  
 Other

**PANELS & CIRCUITS**

Sub Panel Size \_ \_\_\_\_\_  
 No Elect Circuits \_ \_\_\_\_\_

**ELECTRIC APPLICANCES**

Washer  
 Dryer  
 Water Heaters # \_ \_ \_\_\_\_\_  
 Dishwasher  
 Range  
 Garbage Disposal  
 Microwave  
 Exhaust Fans # \_ \_ \_\_\_\_\_  
 Pumps # \_ \_ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HEATING**

|   |       |
|---|-------|
| <input type="checkbox"/> Electric Base Boards   | _____ |
| <input type="checkbox"/> Gas Furnace under 100K | _____ |
| <input type="checkbox"/> Gas Furnace over 100K  | _____ |
| <input type="checkbox"/> Electric Furnace       | _____ |
| <input type="checkbox"/> Fireplace              | _____ |
| <input type="checkbox"/> Gas Fireplace          | _____ |
| <input type="checkbox"/> Unit Heaters           | _____ |
| <input type="checkbox"/> Wood Stove             | _____ |
| <input type="checkbox"/> Heat Pump/in floor     | _____ |
| <input type="checkbox"/> Passive Solar          | _____ |
| <input type="checkbox"/> Active Solar           | _____ |
| <input type="checkbox"/> _____                  | _____ |
| <input type="checkbox"/> _____                  | _____ |

**GAS SERVICE**

Natural  
 Propane  
 None

**GAS APPLIANCES**

None  
 Water Heater  
 Dryer  
 Range/Oven  
 \_\_\_\_\_

**WATER SERVICE**

City     Haul     Well

**DESCRIPTION OF WORK:** \_\_\_\_\_

**Estimated Value of Project \$** \_\_\_\_\_

**I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of this jurisdiction.**

Owner/contractor Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_