- ❑ Follow SB1598
  - ❑ Allow 25% timeframe increase
  - ❑ Allow supplemental requests

Building Permit Application

Tax Parcel ID Number:_____

Property Address:_____

Property Owner Name:_____

Owner Address:_____

Owner Telephone & Email:_____

Contractor Name:_____

ROC License Number:_____ ROC License Classification:_____

Contractor Address:_____

Contractor Telephone & Email: _____

Permit Type: Residential Commercial

Class of work: New Repair/Replace Utility Other

Description of Work: _____

_____

Total Square footage: _____

Valuation of work:_____

Falsification of information on this document is for the purpose of evading or attempting to evade state licensing laws is a class 2 misdemeanor pursuant to A.R.S. 13-2704.

Applicant Name:_____

Signature of Applicant:_____ Date:_____