

PROPERTY INFORMATION		
PARCEL NUMBER	NEAREST CROSS STREETS	
PROJECT ADDRESS		
CITY	ZIP	
, AZ		
OWNER NAME / COMPANY		
UTILITIES TO PROPERTY (CHECK ONE AND FILL IN BLANK IF APPLICABLE)		
WASTE WATER: <input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC <u>ELECTRIC:</u> <input type="checkbox"/> APS <input type="checkbox"/> SRP		
WATER: <input type="checkbox"/> WELL <input type="checkbox"/> HAULED <input type="checkbox"/> COMPANY: _____		
CHECK "NO" OR "YES". PROVIDE THE RELATED INFORMATION IF APPLICABLE.		
1. Are there any code violations on this property?		
<input type="checkbox"/> NO <input type="checkbox"/> YES Violation case #: V _____		
2. Is there any other construction occurring on this property right now?		
<input type="checkbox"/> NO <input type="checkbox"/> YES Building permit #: B _____		
3. Is / Was there a permit for a tenant improvement at this location?		
<input type="checkbox"/> NO <input type="checkbox"/> YES Building permit #: B _____		
APPLICANT INFORMATION		
CHECK ONE		
<input type="checkbox"/> AGENT <input type="checkbox"/> ARCHITECT/ENGINEER <input type="checkbox"/> OWNER <input type="checkbox"/> SAME AS CONTRACTOR		
COMPANY NAME (IF APPLICABLE)		
ADDRESS		
CITY	STATE	ZIP
CONTACT NAME		PHONE
EMAIL		

PROJECT INFORMATION				
SIGN TYPE		HEIGHT	WIDTH	AREA
<input type="checkbox"/> WALL / CANOPY	SIGN #1	FT	FT	SF
	SIGN #2	FT	FT	SF
<input type="checkbox"/> FREESTANDING	SIGN #1	FT	FT	SF
	SIGN #2	FT	FT	SF
<input type="checkbox"/> OFF-SITE SIGN	SIGN #1	FT	FT	SF
	SIGN #2	FT	FT	SF
<input type="checkbox"/> OTHER: _____	SIGN #1	FT	FT	SF
	SIGN #2	FT	FT	SF
DETAILED WORK DESCRIPTION				
PROJECT VALUATION				
\$			ILLUMINATED?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
CONTRACTOR INFORMATION (REQUIRED)				
LICENSE NUMBER		TRUST ACCOUNT NUMBER		
COMPANY NAME				
ADDRESS				
CITY	STATE	ZIP		
CONTACT NAME		PHONE		
EMAIL				

SUBMITTAL DOCUMENTS REQUIRED FOR FIRST REVIEW			APPLICANT	
SCOPE OF WORK	REQUIRED DOCUMENT	✓	N/A	
ALL	Complete Permit Application Form			
ALL	Building Plan			
Wall / Canopy Signs	Site Plan or Aerial			
Freestanding / Off-Site Signs	Site Plan or Grading & Drainage Plan			
Freestanding Signs ≥6'	Structural Calculations			
Other: _____	_____			

FOR OFFICE USE ONLY	
TRACKING NUMBER:	GOTO(S):

FEE INFORMATION

I am aware and understand the fee information below:

- For residential projects, there is an online fee estimator to assist with planning / preparing for your project: www.maricopa.gov/391/Fee-Schedule-and-Estimators
- An upfront fee will be required upon acceptance - \$260.
- Fixed flat fee for wall sign application / permit - \$250.
- No additional fees for wall signs.
- If the application / permit submittal is not approved on the initial review, full permit fees will be required at the time the revised submittal is accepted.
- Any remaining fee balance must be paid prior to permit issuance.
- If a permit application is denied, any unearned fees will be refunded.

INITIALS:

PERSONAL GUARANTEE OF FINANCIAL RESPONSIBILITY

I hereby absolutely, unconditionally and irrevocably guarantee to Maricopa County the prompt payment of any and all fees and charges in connection with this application, without the necessity of Maricopa County first seeking payment from the named applicant.

This includes that if at any time, a written cancellation is submitted for this project application, I personally guarantee prompt payment of the balance of any and all fees and charges incurred.

INITIALS:

PERSONAL ASSURANCE OF SUBMITTAL ACCURACY

I hereby unconditionally and without reservation guarantee and warranty to Maricopa County that the documents submitted to Maricopa County Planning and Development, including but not limited to the application materials, provide a true and accurate depiction of the requested construction and accurately reflect the existing conditions of the subject parcel.

I am aware that Maricopa County Planning and Development will rely upon the accuracy of the materials provided to perform a Zoning Clearance review, as required in the Maricopa County Zoning Ordinance, Section 1504.5. I have also seen and verified that the submitted site plan materials include and accurately provide all listed items on the Department's Site Plan Checklist.

I am aware and understand that the issuance of a Building Permit does not represent that Maricopa County has verified or authenticated the veracity of any materials submitted in support of the application for permit. I understand that Maricopa County will issue a Building Permit based upon the subject materials and that any falsification of documentation submitted as part of this permit application may void the Building Permit upon which it is based.

INITIALS:

ACKNOWLEDGEMENT & AGREEMENT

I acknowledge that I am the property owner or I have the authority to represent the property owner on this application as an authorized agent for the property. Further, I guarantee access to Maricopa County personnel for the purpose of building inspections, zoning enforcement and the provision of emergency services. I agree to abide by all of the development laws of Maricopa County. The information and plans provided are correct to the best of my knowledge including recorded lot dimensions and structure locations. I understand filing of an application containing false or incorrect information, with the intent to avoid the licensing requirement of ARS Title 32, is falsification pursuant ARS section 13-2701 and is a class 2 misdemeanor.

Owner / Builder will do the work themselves, with their own employees, for owner's use and not for sale or rental within one year of completion.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Owner / Applicant is claiming another exemption under ARS, Section 32-1121.A. A signed statement from the Registrar of Contractors verifying exemption must be attached.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PRINT NAME: _____ (CHECK ONE): AGENT CONTRACTOR OWNER

SIGNATURE: _____ **DATE:** _____

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