

La Paz County Community Development
 1112 Joshua Ave., Suite 202
 Parker, AZ. 85344
 Phone: (928) 669-6138
 Fax: (928) 669-5503



Permit Application

PART A - IDENTIFICATION

Project Name:					
Project Address:					
Owner Name:					
Mailing Address:		Phone:			
City:		State:		Zip Code:	
Contractor name:					
Contractor Address:					
City:		State:		Zip Code:	
AZ Contractor License:		Class:		AZ. State Tax No.	
Plans Submitted By:	<input type="checkbox"/> Architect/En <input type="checkbox"/> Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____				

PART B - DESCRIPTION OF PROJECT

IMPORTANT: FOR ANY PROJECT OVER \$50,000, A COPY OF STATE OF AZ BONDING CERTIFICATE OR WAIVER **MUST** BE PROVIDED WITH PERMIT APPLICATION OR APPLICATION WILL BE REJECTED.

Application Evaluation:	ICBO Figure:	Total SF:
Provide a copy of contract (total fee page only)	Do not write in this box	
Permit Type: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical		
Project Type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Demolition		
DESCRIPTION OF WORK TO BE DONE: (PLEASE TYPE OR PRINT A DETAILED DESCRIPTION):		

THE FOLLOWING INFORMATION IS REQUIRED FOR COMMERCIAL, INDUSTRIAL AND MULTIFAMILY PROJECTS ONLY

PROPOSED CONSTRUCTION TYPE	EXISTING CONSTRUCTION TYPE
WALLS: <input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible	WALLS: <input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible
ROOF STRUCTURE: <input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible	ROOF STRUCTURE: <input type="checkbox"/> Combustible <input type="checkbox"/> Non-Combustible
IF THIS IS AN EXISTING BUILDING, DOES IT HAVE A FIRE SPRINKLER SYSTEM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRE ALARM SYSTEM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PERMIT DELIVERY PREFERENCE: <input type="checkbox"/> Pick-Up <input type="checkbox"/> Mail (USPS) <input type="checkbox"/> FAX _____ <input type="checkbox"/> Email _____	

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Ordinances of La Paz County. I realize that the information that I have stated hereon forms a basis for the issuance of the Building Permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the La Paz County Code or any other ordinance, or to excuse the owner or his successors from complying therewith. I understand that the filing of an application containing false or incorrect information with the intent to avoid the licensing requirements of A.R.S. Title 32, is falsification pursuant to A.R.S. Section 13-2704 and is Class 2 misdemeanor.

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PART C - PROPERTY INFORMATION

Parcel Owner Name:	Parcel Number:	
Is this property in a Subdivision?:	Name of Subdivision?	
Is this property in a Mobile Home/RV Park?:	Name of Mobile Home/RV Park?:	
Size of Parcel/Lot:	Acre(s):	Total Sq. Ft.:

Do you currently have a septic system permit from the Health Department?:	<input type="checkbox"/> Yes	Permit #:	<input type="checkbox"/> No

Please note: Non recorded septic systems must be located and verified on the property by the La Paz County Health Dept. prior to issuance of construction or placement permits.

If no, have you applied for a septic system permit from the Health Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The issuance of this permit does not allow development of land uses not in compliance with the La Paz County Zoning Regulations. On State Highways and County roads, an encroachment permit may be required.

DO NOT WRITE BELOW THIS LINE

Parcel Zoning District:		Floodplain Panel:		Flood Zone:	
Parcel Information: Variance #		Special Use #:		Rezone #:	
Total Permit Fee: \$		Permit Approved By:		Date:	

PLOT or SITE PLAN

Plot or Site Plan must show the following information:

- I.** All parcel property lines (include all dimensions in feet).
 - II.** Location of new dwelling/structure (in relation to property lines).
 - III.** All existing structures and distances between these structures.
 - IV.** Distance between all structures, property lines and neighbor's structure.
 - V.** Location of septic tank, leach field and reserve area.
 - VI.** All easements, washes, embankments, slopes etc.
 - a. Affected roads, easements, and right-of-ways should be shown. Properties situated on State or County roads will need to furnish proof that the appropriate agency concurs or waives applicable permits, i.e. encroachment permits for ingress/egress on State and County highways.
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PART D - LICENSING AND EXEMPTIONS

I am currently a licensed contractor.	Name:		
License No. ROC:		License Class:	
Signature:		Title:	

EXEMPTION FROM LICENSING

I am exempt from Arizona Contractors: license laws on the basis of the license exemptions contained in A.R.S. § 32-1121A namely:

- A.R.S. §32-1121A.5.1:** I am the owner/builder of the property and the property will not be sold or rented for at least one year after completion of this project.
- A.R.S. §32-1121A.6-1:** I am the owner/developer of the property and this property and I will contract with a licensed general contractor to provide all construction services. All contractors' names and license numbers will be included in all sales documents.

I UNDERSTAND THAT THE EXEMPTION PROVIDED BY A.R.S. § 32-1121A.14 (THE HANDYMAN EXEMPTION) DOES NOT APPLY TO ANY CONSTRUCTION PROJECTS WHICH REQUIRE A BUILDING PERMIT AND/OR THE TOTAL COST OF MATERIALS AND LABOR ARE \$750.00 OR MORE.

I will be using the following licensed contractors on this project:

General Contractor:	License No. ROC:	Class:	
		Email:	
Mechanical Contractor:	License No. ROC:	Class:	
		Email:	
Electrical Contractor:	License No. ROC:	Class:	
		Email:	
Plumbing Contractor:	License No. ROC:	Class:	
		Email:	
Framing Contractor:	License No. ROC:	Class:	
		Email:	
Other Contractor:	License No. ROC:	Class:	
		Email:	

X

Signature: _____

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