



CITY OF ELOY
BUILDING PERMIT APPLICATION
 595 North C Street, Suite 102
 ELOY, ARIZONA 85131
 OFFICE 520-466-2578

PLAN CHECK NO:

PERMIT NUMBER:

PARCEL NUMBER:

CONSTRUCTION ADDRESS:

APPLICANT: (Property Owner's Authorization Form required for Permitting if applicant is not the owner)

PHONE:

ADDRESS:

E-MAIL:

CITY:

STATE:

ZIP:

CONTRACTOR:

PHONE:

ADDRESS:

E-MAIL:

CITY:

STATE:

ZIP:

R.O.C. # & CLASS:

CITY OF ELOY BUSINESS #:

STATE TAX #:

LICENSED CONTRACTOR'S DECLARATION: I hereby affirm that I am licensed under provisions of Arizona Revised Statute 32-1122 and my license is in good standing.

STANDARD PLAN NO.:

SIGNATURE:

OCCUPANCY TYPE:

CONSTRUCTION TYPE:

SQUARE FOOTAGE:

CLASSIFICATION:

FIRE DISTRICT PERMIT #:

- CITY WASTEWATER
- SEPTIC
- WATER AVAILABILITY

DESCRIBE WORK TO BE DONE:

EST. CONSTRUCTION VALUE:

- | | | | |
|--|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> RESIDENTIAL-NEW NSF | <input type="checkbox"/> SOLAR | <input type="checkbox"/> SIGNAGE | <input type="checkbox"/> DEFERRED SUBMITTAL |
| <input type="checkbox"/> RESIDENTIAL-SF ADDITION | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> POOL/SPA | <input type="checkbox"/> ACCESSORY |
| <input type="checkbox"/> COMMERCIAL/INDUSTRIAL | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> PORCH/PATIO | <input type="checkbox"/> REHABILITATION |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> STUCCO/LATH | <input type="checkbox"/> DEMOLITION |

I hereby certify that I have read and understand this application and state that the above information is correct to the best of my knowledge. Either I am the owner of the property or I have been authorized (in writing by the owner) to file this application. I agree to comply with all City of Eloy Codes, Ordinances, and Arizona state laws relating to building construction. I hereby authorize representatives of the City of Eloy to enter the property for inspection purposes.

DATE:

SIGNATURE:

FOR OFFICE USE ONLY

ZONING DISTRICT:	CASE NO:	FRONT YARD:	REAR YARD:	SIDE YARD:	STREET SIDE YARD:	BUILDING HEIGHT:	LOT COVERAGE (%)
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ZONING COMMENTS: APPROVED DENIED DATE:

APPROVED BY:

BUILDING COMMENTS: APPROVED DENIED DATE:

APPROVED BY:

BUILDING (8-08/8-09):		STREET IMP. FEE (8-10):		WATER METER (8-07):	
PLAN REVIEW (8-11):		POLICE IMP. FEE (8-04):		WATER CAPACITY FEE (8-05):	
		PARKS & REC. IMP. FEE (8-01):		WASTEWATER CAPACITY FEE (8-06):	
				BACKFLOW (8-07):	
SUBTOTAL BUILDING FEE :		SUBTOTAL DEVELOPMENT FEE :		SUBTOTAL UTILITY/CAPACITY FEE :	
TOTAL FEES:	CASH:	CHECK:	CREDIT CARD:	CONFIRMATION #:	APPROVED BY: