

# RESIDENTIAL ADDITIONS PERMIT APPLICATION

APPLICANT TO PROVIDE ALL THE FOLLOWING INFORMATION (PLEASE PRINT)



City of Show Low  
Building Safety Department  
180 N. 9<sup>th</sup> Street  
Show Low, AZ 85901  
(928) 532-4050

<u>For Office Use Only</u>
Permit #: _____
Date Received: ____/____/____
Plan Review: Standard / Non-Standard
Deposit: \$ _____
(603)

Project Address: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's e-mail address\*: \_\_\_\_\_ How do you wish to be contacted? Phone Email

Contractor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor's e-mail address\*: \_\_\_\_\_ How do you wish to be contacted? Phone Email

Contractor License #: ROC - \_\_\_\_\_ \*\*City of Show Low Business Permit #: \_\_\_\_\_

**\*As of 1/1/2018 you must provide a valid e-mail address in order to receive copies of inspection reports.**

Describe Building Project: \_\_\_\_\_

**NEW CONSTRUCTION SPECIFICATION:** Livable sf: \_\_\_\_\_ Porch (covered) sf: \_\_\_\_\_  
Garage sf: \_\_\_\_\_ Deck (uncovered) sf: \_\_\_\_\_  
Other, sf: \_\_\_\_\_ Water meter specs: \_\_\_\_\_

A **\$50.00 deposit** must be submitted with this application and will be applied to the plan review fee.

Separate inspections are required for footings, stem wall, slab reinforcement, under floor framing, roof sheathing/nail, framing, insulation, drywall nail, water service/sewer service, underground plumbing, rough plumbing/framing/electrical/ heating ducts/vents, gas yard line, final gas test, electric service, and final.

Per Title 18.25.060 of the City of Show Low Building codes, a re-inspection fee **(\$50.00)** may be assessed for each inspection or re-inspection when such portion of work for which inspection is called is not complete or when corrections called for are not made. Re-inspection fees may also be assessed when the inspection record card is not posted or otherwise available on the work site, the approved plans are not readily available to the inspector, for failing to provide access on the date for which inspection is requested, or for deviating from plans requiring the approval of the building official.

This permit becomes null and void if work of construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Per Title 18.15.070 of the City of Show Low Building codes, the applicant shall be responsible for determining which plan review process will be followed. The timelines outlined within each process apply only to city review and do not include the time that comments have been returned to the applicant for required revisions or to the time required for third-party plan review.

PLAN REVIEW PROCESS (*SELECT ONE*):          STANDARD (30 WORKING DAYS)          NON-STANDARD (40 WORKING DAYS)

I hereby certify that I am the property owner or have been authorized by the property owner and have read and examined this application and know the same to be true and correct. All provisions of laws and ordinance governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_ OR \_\_\_\_\_  
Name of Agent or Owner                  Signature of Agent                  Signature of Owner

**THIS FORM SHOULD BE REVIEWED AND A COPY RETAINED BY THE APPLICANT.**

\*\*Any person, business or company that does business within the city limits of Show Low **must have** a City of Show Low business license, aside from a contractor's license. For further information, please call City Hall at (928) 532-4000.



CITY OF SHOW LOW  
 BUILDING SAFETY DEPARTMENT  
 180 N. 9<sup>TH</sup> STREET  
 SHOW LOW, AZ 85901  
 (928) 532-4050 / FAX (928) 532-4059

CONTRACTOR LICENSING VERIFICATION

Prior to issuance of a Building Permit, each applicant must verify that they are a currently Licensed Contractor or is exempt from licensing requirements.

I hereby state that I am a Contractor, currently licensed to perform the work that is covered by the Permit.

Name (Please Print)	Signature	Date

**--OR--**

I hereby verify that I am exempt from the requirements of licensing because:

\_\_\_\_\_ I am a property owner working on my own home, not for sale or rent.

\_\_\_\_\_ I claim other specific exemptions under ARS 32-1121 as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (Please Print)	Signature	Date