



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

NEW RESIDENTIAL APPLICATION PACKET

Building Codes and Standards

General Instructions

Permit Application

Contractor Licensing Verification

Utility Services Application

Right-of-Way Permit Application

Sample Site Plan

Erosion Control Plan

Plan Review Checklist

Building Department Affidavit of Notice

Business License Application

Utility Rates & Fees

Impact Fees

Building Permit/Plan Review Fees & Review Time Frames



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Building Codes and Standards

BUILDING CODE: International Code, Series 2018*

PLUMBING CODE: International Plumbing Code, Series 2018*

MECHANICAL CODE: International Mechanical Code, Series 2018*

FIRE CODE: Contact Timber Mesa Fire & Medical District at
(928) 537-5100

ELECTRICAL CODE: NEC 2017

WIND LOAD: 90 MPH

SNOW LOAD: 4/12 or greater – 30 lbs live snow load

SNOW LOAD: less than 4/12 – 35 lbs live snow load

FROST LINE: 18 inches

EXPOSURE: C

SEISMIC ZONE: B

GAS TEST SPECIFICATIONS: Minimum of 3 lbs PSI for 10 minutes
1/10th lb increment gauge

AMERICAN NATIONAL STANDARD: ADA Accessibility 2010

***Building plans may be submitted using the 2006 or 2018 codes until February 7, 2021.
After this date all plans must be submitted using the 2018 codes.**



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GENERAL INSTRUCTIONS for NEW RESIDENTIAL APPLICATION

These are general instructions only. Please see the Plan Review Checklist for additional requirements.

A) APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:

- 1) **PLANS:** Two (2) sets of plans measuring not more than twenty-four (24) by thirty-six (36) **drawn to scale** (including footing detail, framing detail, roof, floor, electrical, two elevations) and two (2) plot plans (site plans) showing accurate lot delineation, location of all existing buildings or structures, proposed building(s), showing ACTUAL (not minimum) setbacks. One (1) set of plans will be returned when approved.
- 2) **SPECIFIC LOCATION:** Assessor's Plat Location/Book, Page and Parcel Number, i.e., 210-27-010A. Subdivision and lot number.
- 3) **SEPTIC SYSTEM (IF UTILIZED):** A copy of the Approved Sanitary System Permit is required.
- 4) **PLAN REVIEW DEPOSIT:** A \$200.00, non-refundable plan review deposit for new dwellings. This deposit will be deducted from the total permit cost at the time of issuance.

B) TIME FRAMES: 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.

- 1) **Standard Plan Review:** The purpose of the Standard Plan Review is to allow the applicant and city staff to work together to help expedite the plan review and approval process. By selecting this option, the applicant is authorizing the city to provide written and oral comments related to requirements for plan approval. It is understood that multiple comments and/or revisions to plans may be required in order to obtain approvals. As part of this approval process, the city will have all approvals in place within thirty (30) working days from the date of submittal provided all required information has been submitted to and approved by the city. This time period shall not include the time in which the city has returned comments to the applicant and is awaiting corrections or additional information. This time period may be extended through mutual agreement by the city and the applicant.
- 2) **Non-Standard Plan Review:** The purpose of the Non-Standard Plan Review is to comply with the plan review process as outlined in Title 9, Chapter 7, Article 4, of Arizona Revised Statutes as may be amended from time to time. By selecting this option, the applicant is requiring the city to comply with the review requirements as outlined in the Arizona Revised Statutes. These statutes require the successful completion of two separate review processes prior to approval of a building permit.

a)Administrative Review: the purpose of the Administrative Review is to ensure that all required information is included as part of the permit application and that all submitted information is correct. The timeframe for Administrative Review is twenty (20) working days. This time period shall not include the time in which the city has returned comments to the applicant and is awaiting corrections or additional information. Once the Administrative Review process is complete and the applicant has been given a Notice to Proceed the applicant will then submit the required information for Substantive Review.

b)Substantive Review: The purpose of the Substantive Review is to ensure that all information required for a permit has been submitted and that all required approvals have been obtained. The timeframe for Substantive Review is twenty (20) working days. This time period shall not include the time in which the city has returned comments to the applicant and is awaiting corrections or additional information. Once the Substantive Review process is complete and all approvals have been obtained, the permit shall be issued. If the permit is deemed not complete, the permit application shall be denied and the applicant shall be required to reapply for a building permit.

C) INSPECTIONS: It shall be the duty of the person doing the work authorized by a permit (or the owner) to notify the building safety department that such work is ready for inspection. The building safety department request that all inspection be called 24 hours in advance (Monday through Friday, between the hours of 8am and 5pm) prior to the needed inspection. Inspections called in Saturday and/or Sunday will be done the following Tuesday. No footing of foundation will be approved without clearly delineated, accurate property lines and property yard setbacks.

When requesting inspections, please indicate the following:

- 1) Owner's Name
- 2) Street Address of project as listed on permit
- 3) Permit Number
- 4) Contractor
- 5) Subdivision and Lot Number
- 6) Type of Inspection requested
- 7) Instructions, remarks, if any

D) NEWLY CONSTRUCTED BUILDINGS may not be occupied until after the final inspection and the Certificate of Occupancy (C.O.), or at least, a Temporary Certificate of Occupancy (T.C.O.), is issued by the Department of Building Inspection. If a T.C.O. is issued another final inspection is required prior to the expiration date of the T.C.O. at which time all discrepancies noted on the T.C.O. must have been corrected. The **builder** is responsible for obtaining this inspection!

COMPLIANCE WITH THE CITY BUILDING CODES AND ZONING REGULATIONS IS MANDATORY FOR ALL CONSTRUCTION AND DEVELOPMENT WITHIN THE CITY OF SHOW LOW.

IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER TO ENSURE COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS, INCLUDING PROPER IDENTIFICATION OF PROPERTY LINES. IT IS ALSO THE RESPONSIBILITY OF THE PROPERTY OWNER TO NOTIFY CITY STAFF OF ANY PROPOSED REVISIONS TO THE PERMITTED STRUCTURE PRIOR TO INSPECTIONS TAKING PLACE.

BECOME AWARE OF THE REGULATIONS AND REQUIREMENTS BEFORE PROCEEDING WITH ANY PROJECT.



WELCOME TO THE CITY OF SHOW LOW!

APPLICATION FOR UTILITY SERVICES Return

this sheet with the attached form to:

Office Location:

Show Low City Hall, Utility Department
180 N. 9th Street
Show Low, Arizona 85901

Contact Information:

Phone: (928) 532-4005
Fax: (928) 532-4044

Email: kross@showlowaz.gov

Office Hours:

Monday – Friday 8:00 a.m. to 5:00 p.m.
(excluding holidays)

The attached form is needed to start your utility service with the City of Show Low.

Please fill out this form completely and sign your signature at the bottom of the next page. When you return this form, please include either a letter of credit from any utility company that shows one year of a timely and consistent payment history for you or a \$150 security deposit. This deposit is credited to your account after one year of timely payments, or if you close your account, it will be applied to your final bill. The security deposit will be reduced to \$75 if you sign up for electronic auto-pay today.

There is also a \$25 service fee for water service. This service fee is charged when there is a change in the utility account name or if the water is turned on or off. The \$25 fee will be reflected on your first bill.

Today's Date: _____

Service Start Date: _____

MONDAY – FRIDAY EXCLUDING HOLIDAYS
(1) BUSINESS DAY NOTICE REQUIRED

**CITY OF SHOW LOW
APPLICATION FOR UTILITIES**

FOR OFFICE USE ONLY	
DEPOSIT AMOUNT \$ _____	DATE _____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CC <input type="checkbox"/> LETTER OF CREDIT	BY _____
	ACCT # _____

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

SERVICE ADDRESS	TODAY'S DATE	SERVICE START DATE
Own/Rent Property <input type="checkbox"/> Own <input type="checkbox"/> Rent	Type of Account <input type="checkbox"/> Residential <input type="checkbox"/> LandLord <input type="checkbox"/> Commercial	

APPLICANT INFORMATION				
CUSTOMER NAME			LAST 4 S.S. #	DATE OF BIRTH
MAILING ADDRESS	CITY	STATE	ZIP	PHONE NUMBER
EMPLOYER				EMAIL

CO-APPLICANT/SPOUSE INFORMATION (IF APPLICABLE)				
CUSTOMER NAME			LAST 4 S.S. #	DATE OF BIRTH
MAILING ADDRESS	CITY	STATE	ZIP	PHONE NUMBER

**Terms and Conditions of Service
(Please read carefully)**

1. Please note: "PER CITY POLICY, ONCE A WATER METER HAS BEEN INSTALLED YOU WILL BEGIN RECEIVING A BILL FOR WATER, SEWER, TRASH, AND RECYCLING. THANK YOU FOR YOUR UNDERSTANDING AND COOPERATION IN THE MATTER."
2. The applicant agrees to pay each utility bill in full for all charges by the due date shown on the bill.
3. The applicant agrees to pay a late fee for any bill not paid by the 25th of the month and the account holder agrees and understands that the City has the right to terminate the associated utility service if payment of any bill, including late fees, deposit amounts, and all other assessments, are not paid in full.
4. The applicant understands that a \$25 fee will be assessed against the account holder if the City of Show Low's water valve at the meter is turned off or on by the account holder, except for an emergency. Service calls made after hours will be subject to an after-hours charge. Interpretation of all emergencies shall be at the sole discretion of the City. If a valve breaks during account holder's use of the valve, account holder agrees to pay all costs for replacing the valve.
5. The applicant agrees and acknowledges that if utility service is terminated for non-payment of the utility bill, a fee will be required in addition to payment of all past charges before the water is turned back on.
6. The applicant agrees that if the City incurs any collection costs to recover past due amounts from the account holder for utility services, account holder will pay all such collection costs in addition to the outstanding balance of the account holder's account. "Collection costs" shall include all fees incurred by the City, including but not limited to, actual attorney's fees or any contingency fees charged by an attorney or a collection agency before and/or after a lawsuit is filed.
7. Since issues may occur when water is turned on, The City of Show Low highly recommends that someone with access to the dwelling be present when services are turned on.
 - WILL SOMEONE BE THERE FOR THE TURN-ON? YES: []
INITIAL NO: []
INITIAL
 - IF YOU ANSWERED YES, IN CASE NO ONE IS PRESENT WHEN THE TECHNICIAN ARRIVES AT YOUR SCHEDULED TIME, DO YOU STILL WANT THE WATER TURNED ON? YES: []
INITIAL NO: []
INITIAL
8. When services are turned on, be sure that all faucets and landscaping water is turned off. If you have a main valve on your dwelling, please turn it off. If it appears water is running inside or outside the dwelling, the water service will NOT be turned on. You are responsible for all water usage and any damage that may occur when the water is turned back on.
9. The applicant agrees to comply with all regulations of the City relating to utility services. The account holder agrees that failure to comply with such regulations may result in the termination of utility services.

BY SIGNING THIS APPLICATION, I AFFIRM THAT I AM RESPONSIBLE FOR THE PAYMENT OF ALL UTILITY SERVICES PROVIDED BY THE CITY. _____

Applicant Signature / Date



City of Show Low

"Named by the turn of a card"

180 North 9th Street
Telephone (928)532-4000
Facsimile (928) 532-4009
www.showlowaz.gov

PERMIT FOR WORK WITHIN A PUBLIC RIGHT – OF – WAY
PUBLIC UTILITIES APPLICATION

NAME OF APPLICANT:
MAILING ADDRESS:
CONTACT PERSON FOR DESIGN: PHONE:
CONSTRUCTION TO BE DONE BY (UTILITY NAME):
CONTRACTOR NAME: LICENSE #:
CONTACT PERSON FOR ROW WORK: PHONE:
LOCATION OF WORK: LOT #:
START DATE (ESTIMATED): COMPLETION DATE (ESTIMATED):
NEW RESIDENTIAL: OUTSIDE CITY LIMITS:

SERVICES NEEDED

- SERVICE LINE INVESTIGATION
PAVEMENT (1)(2)
CULVERT (1)
DRIVEWAY(1)
MAILBOX (1)
LANDSCAPING(1)(2)(4)
WATER MAIN TAP (3)
WATER METER
SEWER MAIN TAP (3)
SEWER SERVICE NO TAP
LINE EXTENSION (3)
WORKING IN EASEMENT (NOT ROW)
COMMERCIAL CONSTRUCTION
ESTIMATE

(1) A plan and written description of the work is required.
(2) Private Retaining Structures and Fences are PROHIBITED in the City Right-Of-Way.
(3) Sewer and Waterline Taps and/or Extensions will incur additional costs which will be determined on a case by case basis. The City will provide a cost estimate for this work. Only City Personnel may make water or sewer main connections.
(4) Landscape plans to be reviewed by Planning and Zoning.

AGREEMENT

It is understood and agreed that all work shall conform to applicable City, State and Federal regulations and to all conditions set forth on this permit.

OTHER CONDITIONS:

Applicant Signature

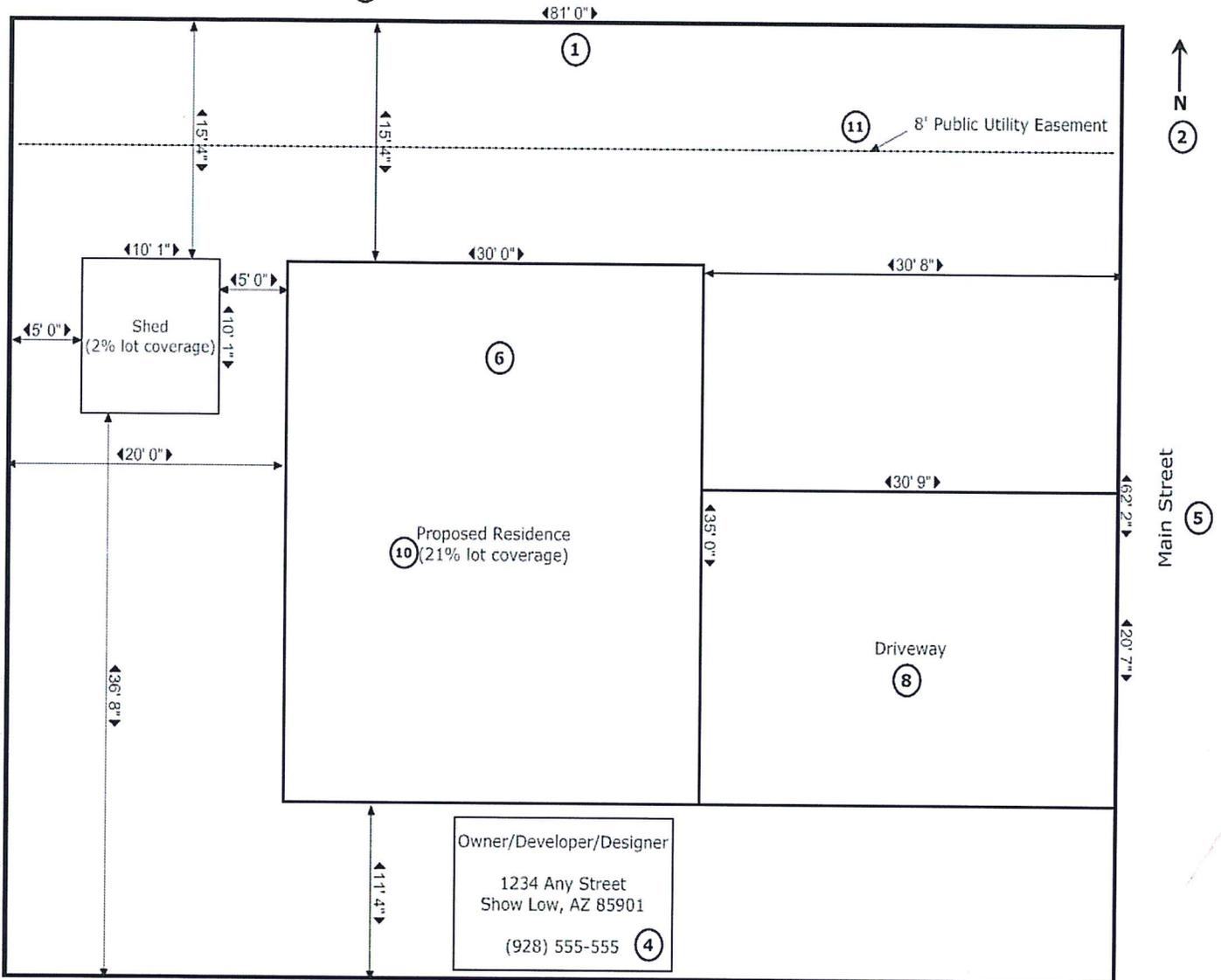
Date

FOR CITY STAFF USE ONLY

BUILDING PERMIT # (IF APPLICABLE): A.P.N.
RECEIVED BY: DATE:
SERVICE LINE AVAILABLE AT PROPERTY LINE: SEWER Y N WATER Y N
INVESTIGATE FOR SERVICE DONE BY: DATE:
APPROVED BY: DATE:
FINAL INSPECTION (IF APPLICABLE): DATE:
FINAL APPROVAL: DATE:

SAMPLE SITE PLAN

③ 1234 Any Street- A.P.N. 210-00-000



Minimum requirements for site plan (drawn to scale):

1. Lot dimensions.
2. North arrow.
3. The address and A.P.N. of the property.
4. The name, address and telephone number of the owner, developer and designer.
5. The location and name of any and all streets along the property boundary.
6. Location and size of both existing and proposed buildings and structures, including distances (showing actual, not minimum setbacks) from all structures to property boundaries.
7. If in a mobile home/RV park the distance between all nearest structures, including those not located on the property.
8. Location and dimensions of existing and proposed driveways.
9. Location and height of walls and fences.
10. Percentage of the site covered by any and all structures, both existing and proposed.
11. Locations, dimensions, and description of all existing or proposed easements.



City of Show Low

ENGINEERING DEPARTMENT
180 N. 9TH STREET
SHOW LOW, AZ 85901

Erosion Control Plan Submittal Guidelines

Pursuant to City Code, Chapter 20, an erosion control permit is required prior to conducting the following activities on a property or site:

1. Activities including, but not limited to: construction, landscaping, removal of vegetation, stockpiling of soil or construction debris, grading, filling, excavating, trenching, drilling, transport of fill, utility work, etc. that disturbs 500 square feet or more of land surface area.

- OR -
2. Activities as described in subsection 1 or in this subsection that disturb less than 500 square feet of land surface and are located within 50 feet of any pond, lake, river, stream, corridor, canal, or wetland.
3. Exemptions: Landscaping activities in conjunction with a single-family residence shall be exempt from compliance with this Chapter. "Landscaping Activities" means: the installation or removal of vegetation and minor landscaping features. It does not include installation or removal of more than 50 cubic yards of fill, or installation of large site features like parking pads, swimming pools or structures as defined in Chapter 20 of the City Code, which are not exempt if the activity involved would otherwise require an erosion control permit under this section. (Developmental landscaping done for several single family residences at the same time).

The new Erosion Control Permit fee structure is included in the Building Permit Fee.

Once your plan is reviewed and a final version is approved, you are responsible for implementing the measures laid out in the approved plan prior to starting construction. Additionally, you are required to schedule and Initial Erosion Control inspection (after measure are in place), as well as a Pre-Footings Inspection (after excavation is complete). Please use the City's 24-hour inspection hotline for this purpose.

If you have any further questions, please contact the Building Department.



City of Show Low

ENGINEERING DEPARTMENT
180 N. 9TH STREET
SHOW LOW, AZ 85901

Erosion Control Permitting Guidelines

1. Pick up the Erosion Control Permit Application at the Building Department Service Counter. The application may also be downloaded from the City of Show Low's website at www.showlowaz.gov. (See previous page of this packet.)
2. Complete the application and submit it at the Building Department Service Counter with a site plan that meets the criteria outlined on the front page of this permit application packet.
3. The permit application will be reviewed. Any necessary changes will be made to the site plan to bring it into compliance with the City of Show Low Code (Chapter 20) and our adopted erosion control manual. Once reviewed, an Erosion Control Permit Number will be issued and the approved permit will be placed in the Building Department project file.
4. The permit can then be picked up and fees paid at the time of Building/Demo Permit issuance.
5. Once issued, it is the Builder's responsibility to implement the measures on the approved site plan and call in for an Erosion Control inspection from the Building Department scheduled for the same day that clearing or grading work will begin on the site. The inspection card must be posted on site to receive this inspection. Note: In order for the inspection to be scheduled for the day that you pick up the permit, it will have to be phoned in the day before you intend to pick up or before 7:00 a.m. that morning.
6. Initial and Pre-footing Erosion Control Inspections are required for each site. Both of these inspections must be signed off on the yellow inspection card issued by the Building Department in order to get a Footings Inspection from the Building Department.
7. All soils site must be sufficiently stabilized to receive occupancy from the Building Department. This means that soils must either have established vegetative cover, or permanent ground cover (mulch, straw, wood chips, compost, rock). All temporary erosion control measures must be left in place until this condition has been satisfied. At the point, they should be removed from the site.



City of Show Low

ENGINEERING DEPARTMENT
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SHOW LOW, AZ 85901

Erosion Control Site Plan Requirements

Your Erosion Control Permit Application **will not** be processed until a site plan is submitted addressing the following items:

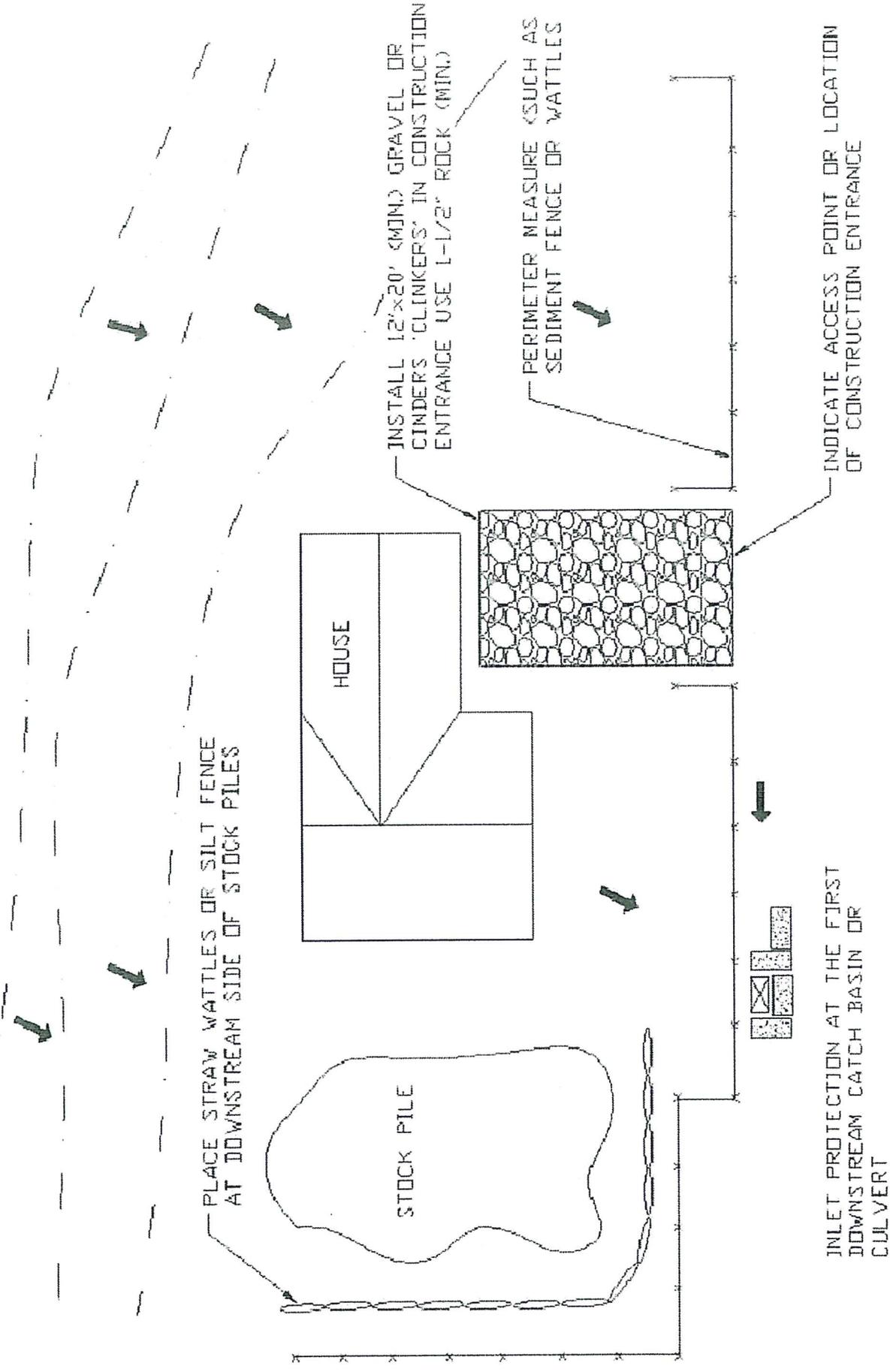
1. Location of all site disturbances associated with your project.
2. Corner elevations, contours, or arrows clearly marking the direction of storm water flow on the site.
3. *Access points (construction entrance, existing paved driveway, or access protected with alternative materials such as wood chips, plywood, etc.)
4. Perimeter containment measures (sediment fence, compost filter berm, existing structures, etc.)
5. **Inlet protection (choose the most appropriate measure of the situation. Biobags or non-woven catch basin inserts can be used).
6. Stockpiling/staging areas.
7. Erosion control measures shall be maintained throughout the length of the project.

*Item #3 is required base measures. These measures must be shown on your plan, or a narrative description of why these measures are not necessary must be presented with the plan. In the case that a narrative explanation is provided, the site will be assessed at the initial inspection and a determination will be made at the time as the measures that will be necessary.

**Inlet protection is always required.

See attached sample site plan

CORNER ELEVATIONS, CONTOURS, OR THE DIRECTION OF FLOW SHOULD BE INDICATED ON THE SITE PLAN



PLACE STRAW WATTLES OR SILT FENCE AT DOWNSTREAM SIDE OF STOCK PILES

HOUSE

STOCK PILE

INSTALL 12'x20' (MIN) GRAVEL OR CINDERS 'CLINKERS' IN CONSTRUCTION ENTRANCE USE 1-1/2" ROCK (MIN.)

PERIMETER MEASURE (SUCH AS SEDIMENT FENCE OR WATTLES)

INLET PROTECTION AT THE FIRST DOWNSTREAM CATCH BASIN OR CULVERT

INDICATE ACCESS POINT OR LOCATION OF CONSTRUCTION ENTRANCE



City of Show Low
 ENGINEERING DEPARTMENT
 180 N. 9TH STREET
 SHOW LOW, AZ 85901

BP# _____
 Issued by _____
 For City Use Only

Erosion Control Permit Application

General Contractor Information		Building Permit Application No.:	
Name:			
Address:		Parcel ID No. (APN):	
City, State, Zip:		Subdivision Name:	
Phone: Cell:		Site Address:	
Owner Information		Location from Nearest Intersection:	
Name:		Feet	
Address:		Job Site (circle one): Private Public	
City, State, Zip:		Amount of Work Area to be Excavated: Square Feet	
Phone: Cell:		Existing & Proposed Site Runoff Drains (circle one): Ditch Pipe Creek Catch basin	
24-Hour Emergency Contact		Other:	
Name:		Soil Disposal:	
Address:		Disposal Location Address:	
City, State, Zip:		Estimated Amount: Cubic Feet	
Phone: Cell:			

****** Erosion control measures **MUST** be in place prior to any stripping, grading, or excavation work and shall remain until excavation component is complete and disturbed areas are re-vegetated or protected.

 Owner/Applicant Signature

 Date



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

BUILDING INSPECTION DEPARTMENT, CITY PLAN REVIEW
 New Dwelling Requirements

PERMIT #: _____ PROJECT ADDRESS: _____

APPLICANT: _____ PROJECT TYPE: _____

REVIEW BY: _____

DATE 1st REVIEW: _____ 2nd REVIEW: _____ 3rd REVIEW: _____

APPROVED BY: _____ DATE APPROVED: _____

FOOTINGS

SLA = SHOW LOW ADDENDUMS

SHEET #	REQ'D	OK	
_____	<input type="checkbox"/>	<input type="checkbox"/>	1. INDICATE SIZE OF FOOTINGS 18" OR 24" BELOW GRADE PENDING ON ONE OR TWO STORY. 10" OR 12" THICK PENDING ON ONE OR TWO STORY PER SLA.
_____	<input type="checkbox"/>	<input type="checkbox"/>	2. INDICATE CONTOURS OF LOT SLOPE FOR DRAINAGE AWAY FROM BUILDING. R401.3
_____	<input type="checkbox"/>	<input type="checkbox"/>	3. INDICATE ALL FOOTING SIZES, LOCATION AND LAYOUT. R400
_____	<input type="checkbox"/>	<input type="checkbox"/>	4. MASONRY STEM WALLS OVER 24" IN HEIGHT ARE TO BE VERTICALLY REINFORCED EVERY 48" WITH A MINIMUM OF ONE NO. 4 REBAR FROM THE FOOTING TO TOP OF STEM WITH NO. 4 REBAR GROUTED BOND BEAM AT TOP SLA.
_____	<input type="checkbox"/>	<input type="checkbox"/>	5. ANY RETAINING WALLS 4' AND OVER FROM BOTTOM OF FOOTING NEED TO BE ENGINEERED SLA.
_____	<input type="checkbox"/>	<input type="checkbox"/>	6. VERIFY RETAINING WALL LESS THAN 4', PER SLA.
_____	<input type="checkbox"/>	<input type="checkbox"/>	7. INDICATE REINFORCEMENT OF 8' BASEMENT WALL, PER SLA.
_____	<input type="checkbox"/>	<input type="checkbox"/>	8. VERIFY BASEMENT WALLS 8' TO 10' PER (R400) OR ENGINEERING, SLA.
_____	<input type="checkbox"/>	<input type="checkbox"/>	9. VERIFY BASEMENT WALL OVER 10', REQUIRE ENGINEERING, R400.
_____	<input type="checkbox"/>	<input type="checkbox"/>	10. INDICATE WATER PROOFING OF STEMS AND BASEMENT WALLS PER CODE R406.
_____	<input type="checkbox"/>	<input type="checkbox"/>	11. VERIFY STEM WALL HEIGHTS THAT REQUIRE ENGINEERING (OVER 10' REQUIRE ENGINEERING) R400.
_____	<input type="checkbox"/>	<input type="checkbox"/>	12. INDICATE ANCHOR BOLT SIZE AND SPACING, R403.1.6.

- | | | | | |
|-------|--------------------------|--------------------------|-----|--|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 13. | INDICATE ALL POST AND BEAM SIZES, AND SPANS OF BEAMS, R500. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 14. | INDICATE MECHANICAL CONNECTS FROM BEAMS TO POST, STEM, R500. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 15. | INDICATE JOIST TYPE-SIZE-SPANS AND LAYOUT OF ALL JOISTS, R500. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 16. | INDICATE THE CONNECTION OF BEAMS TO STEM, POP OUT OR IN CRIPPLE WALL, R502.9. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 17. | INDICATE TYPE OF SIZE OF FLOOR SHEATHING, R503. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 18. | INDICATE ANY CANTILEVERING OF JOINST AND MANUFACTURERS SPECS. R500. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 19. | INDICATE SOLID SUPPORT UNDER WALL WHEN WALLS PARALLEL THE STEM, R600. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 20. | INDICATE SOLID SUPPORT TO EARTH UNDER POSTS, R400. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 21. | PROVIDE SLAB DETAIL 4" MINIMUM AND 90% COMPACTION. INDICATE TYPE OF REINFORCEMENT IN SLAB SLA . |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 22. | VERIFY WINDOW WELL DETAILS FOR BASEMENTS, R310. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 23. | PROVIDE UNDER FLOOR VENTING CALCULATIONS FOR CRAWL SPACE AREA, R408.1. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 24. | INDICATE ACCESS FOR CRAWL SPACE DOOR SIZE & LOCATION, R408.3 |

FRAMING

- | SHEET # | REQ'D | OK | | |
|---------|--------------------------|--------------------------|-----|---|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 25. | INDICATE FRAMED WALL TYPE 2X4, 2X6, ETC. R600. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 26. | INDICATE ALL HEADER SIZES AND SPANS, R602.7. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 27. | INDICATE LOCATIONS OF BRACED WALL PANELS AND TYPE OF PANELS, R602.10. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 28. | VERIFY ENGINEERING FOR BRACED WALL PANELS FOR WALLS OVER 12', R602.3.1 |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 29. | INDICATE SIDINGTYPE AND MOISTURE BARRIER FOR HOUSE, R703. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 30. | INDICATE DRAFT STOPS OR FIRESTOPS FOR CHASES FROM WALL TO ATTICS OR FLOOR SPACES, R602.8. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 31. | FIRE BLOCKING REQUIRED, R602.8. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 32. | INDICATE TYPE OF ROOF FRAMING CONVENTIONAL OR TRUSSES, R200. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 33. | INDICATE TYPE AND SIZE OF ROOF SEATHING, R803 SLA . |

- | | | | |
|-------|--------------------------|--------------------------|---|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 34. INDICATE ROOF FRAMING PLAN. (SPACING LAYOUT, HIPS, VALLEY, AND CRICKETS) R802.5. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 35. INDICATE TYPE OF ROOFING MATERIALS: SHINGLES, MTEAL, TILE, ETC. AND UNDER LAYMENT, R900. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 36. INDICATE TYPE AND LOCATION OF MECHANICAL CONNECTION FROM TRUSSES, GIRDERS, JOISTS TO POSTS & FOOTINGS TO POST, ETC. R802. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 37. INDICATE TYPE OF INSULATION AND R-VALUE FOR WALL, CELINGS & ATTICS R1100. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 38. VERIFY HEAD ROOM CLEARANCES FOR STAIRS, BATHROOMS AND BONUS ROOMS R305. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 39. INDICATE ATTIC VENTILACTION CALCULATIONS. TYPE OF VENTS AND LOCATION OF VENTS, R806. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 40. INDICATE LOCATION AND SIZE OF ATTIC ACCESSES R807. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 41. INDICATE TYPE OF DRYWALL BETWEEN R AND U OCCUPANCIES R700. |

PLUMBING

- | SHEET # | REQ'D | OK | |
|---------|--------------------------|--------------------------|---|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 42. PROVIDE GAS PIPING SCEHMATIC INCLUDING TYPE OF MATERIAL, AND BTU'S OF ALL APPLIANCES. SHOW LENGTH OF PIPING BETWEEN APPLIANCE AND METER R2413. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 43. APPLIANCES HAVING AN IGNITION SOURCE SHALL BE ELEVATED SUCH THAT THE SOURCE OF IGNITITION IS NOT LESS THAN 18" ABOVE THE FLOOR OF THE GARAGE, M1307.3. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 44. VERIFY COMBUSTION AIR CALCULATIONS AND SOURCE FOR ALL APPLIANCES, M1702.1703. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 45. INDICATE LOCATION OF ALL APPLIANCES. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 46. VERIFY WATER HEATER PAN, DRAIN SIZE AND TERMINATION LOCATION P2801.5. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 47. INDICATE THAT WATER HEATER RELIEF VALVE IS TO EXTEND TO THE OUTSIDE OF THE BUILDING WITH THE TERMINATION POINT OF THE PIPE 6 INCHES ABOVE GRADE AND POINTING DOWNWARD, P2800. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 48. PROVIDE THIS NOTE ON PLANS: "PROVIDE PRESSURE BALANCE OR THERMOSTATIC MIXING VALVE CONTROL FOR ALL SHOWER AND TUB-SHOWER COMBINATION", R2708. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 49. LENGTH AND LOCATION OF DRYER VENT. (TERMINATION 3' AWAY FROM ANY OPENING), RM1502. |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 50. INDICATE EXHAUST FANS AND LOCATIONS, R303. |

WIRING

SHEET #

REQ'D

OK

- | | | | | | |
|-------|--------------------------|--------------------------|-----|---|-------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 51. | INDICATE LOCATION AND SIZE OF ELECTRICAL SERVICE PANEL AND SUB PANELS, E3502. | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 52. | INDICATE LIGHTING RECEPTACLES OUTLET LOCATIONS FOR TOTAL HOUSE AND TYPE, R3800. | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 53. | VERIFY LOCATION OF RECEPTACLES IN HALLWAYS, E3801. | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 54. | VERIFY LOCATION OF RECEPTACLES ALONG ROOM DIVIDERS, E3801. | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 55. | VERIFY KITCHEN RECEPTACLES LAYOUT AND TYPE INCLUDING ISLANDS, E3801.2. | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 56. | VERIFY BATHROOM RECEPTACLES LAYOUT AND TYPE, E3801.6. | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 57. | VERIFY OUTSIDE RECEPTACLES TYPE AND LOCATION, E3801. | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 58. | VERIFY BEDROOM RECEPTACLES ON ARC FAULT, E3802.1. | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 59. | VERIFY LIGHTS FOR CRAWL SPACES AND ATTIC SPACES, E3803 | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 60. | INDICATE LOCATION OF SMOKE DETECTORS AND THAT THEY ARE, INTERCONNECT, R313 | _____ |

STAIRS

SHEET

REQ'D

OK

- | | | | | | |
|-------|--------------------------|--------------------------|-----|--|-------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 61. | PROVIDE RISE & RUN DETAIL FOR STAIRS, R31 | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 62. | PROVIDE DETAIL FOR LANDING AT TOP AND BOTTOM OF STAIRS, R311 | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 63. | PROVIDE DETAIL FOR GUARDRAIL, R312 | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 64. | PROVIDE DETAIL FOR HANDRAIL, R311 | _____ |

WINDOWS

SHEET

REQ'D

OK

- | | | | | | |
|-------|--------------------------|--------------------------|-----|--|-------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 65. | INDICATE LOCATION, SIZE AND TYPE OF WINDOW, R308 | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | 66. | VERIFY GLASS LOCATION FOR TEMP GLASS. (SHOWERS – NEXT TO DOORS – EXTERIOR SLIDING DOORS), R308 | _____ |

EROSION CONTROL

SHEET	REQ'D	OK		
_____	<input type="checkbox"/>	<input type="checkbox"/>	67.	APPLICATION AND SITE PLAN MEETING OUTLINED CRITERIA FILED WITH BUILDING DEPT.
_____	<input type="checkbox"/>	<input type="checkbox"/>	68.	INITIAL EROSION CONTROL INSPECTION
_____	<input type="checkbox"/>	<input type="checkbox"/>	69.	PRE-FOOTING EROSION CONTROL INSPECTION

Water Supply Fixture Units			
Individual Fixtures	Number of Fixtures	Multiply by	Total
Bathtub (w/ or w/o shower head)		1.4	
Clothes washer		1.4	
Dishwasher		1.4	
Full-bath group (w/ bathtub or shower stall)		3.6	
Half-bath group (w/ water closet & lavatory)		2.6	
Hose bib		2.5	
Kitchen group (dishwasher & sink)		2.5	
Kitchen sink		1.4	
Laundry group (washer stand pipe & tub)		2.5	
Laundry tub		1.4	
Lavatory		0.7	
Shower stall		1.4	
Water closet (tank type)		2.2	
TOTAL NUMBER OF FIXTURE UNITS			

OCCUPANCY GROUP

TYPE CONSTRUCTION

WATER METER SIZE

WATER SERVICE LINE SIZE

PERMIT #: _____ PROJECT ADDRESS: _____

APPLICANT: _____ PROJECT TYPE: _____

SEE CORRECTIONS NOTED ON PLANS

ANSWER QUESTIONS ON PLAN REVIEW PACKET

SEE ATTACHED LIST

-PLEASE CLOUD AND DELTA ALL RED LINES-

Business License Application

♣ City of Show Low ♣

(Application fee: \$25.00)

Name of Business: _____
Name of Applicant: _____ Relationship to business: _____
Phone: _____ Cell: _____
Email: _____ Fax: _____
Physical address*: _____ Mailing address (if different): _____

*If this business is located in a residence within the City of Show Low, you will also need a Home Occupation Permit.

Brief description of nature of business: _____

Type of business: Corporation L.L.C. Partnership Sole Proprietor

If a corporation or L.L.C., state where incorporated: _____

Statutory Agent: _____ Statutory Agent Phone: _____

Arizona Transaction Privilege Tax Number: _____

Contractor's license number (if applicable): _____

Emergency contact name: _____ Phone: _____

Owners/officers of business (required)

Name	Date of Birth

Required attachments (if applicable):

- A list of officers/owners/managers of the business and their addresses.
- Affidavit demonstrating lawful presence in the United States with required identification.
- A copy of the Arizona Transaction Privilege Tax documentation.
- If business involves food, a copy of Navajo County Health Department approval.
- A list of hazardous materials or hazardous wastes which will be used or stored by the business.
- Copies of any additional licensing, registration, or permit requirements, i.e. professional, medical, technical, contractors, real estate, etc.

For Office Use Only

Police: _____ Date: _____

Fire: _____ Date: _____

P & Z: _____ Date: _____

Affidavit with identification provided: Yes _____ No _____ N/A _____ Date: _____

License:

Date Paid: _____ Amt:\$ _____ Date Issued: _____ #: _____



AFFIDAVIT DEMONSTRATING LAWFUL PRESENCE IN THE UNITED STATES

ARS §1-502 requires that any person who applies to the City for a local public benefit (defined as a business license, grant, contract or loan) must demonstrate that he/she is lawfully present in the United States through the presentation of one (1) of the following documents.

Please place a check mark next to the applicable document and present the document to the City employee. If mailing the document, attach a copy of the document to this Affidavit. (If the document says on its face that it may not be copied or you know for reasons of confidentiality that it cannot be copied, you will need to present the document in person to the City for review and signing of the affidavit.)

- Arizona Driver License issued after 1996.**
Print first 4 numbers/letters on license:

--	--	--	--
- Arizona Non-Operating Identification License.**
Print first 4 numbers/letters on license:

--	--	--	--
- Birth Certificate or Delayed Birth Certificate issued in any state, territory or possession of the United States**
Year of birth: _____ Place of birth: _____
- U. S. Certificate of Birth Abroad.**
Year of birth: _____ Place of birth: _____
- U. S. Passport.**
Print first 4 numbers/letters on passport:

--	--	--	--
- Foreign Passport with a United States Visa.**
Print first 4 numbers/letters on passport:

--	--	--	--

Print first 4 numbers/letters on visa:

--	--	--	--
- I-94 Form with a photograph.**
Print first 4 numbers on I-94:

--	--	--	--
- USCIS Employment Authorization Document (EAD).**
Print first 4 numbers/letters on EAD:

--	--	--	--

or Permanent Resident Card (acceptable alternative):

--	--	--	--
- Refugee Travel Document.**
Date of issuance: _____; Refugee Country: _____
- U. S. Certificate of Naturalization.**
Print first 4 numbers/letters of CIS Reg. No.:

--	--	--	--
- U.S. Certificate of Citizenship.**
Date of issuance: _____; Place of issuance: _____
- Tribal Certificate of Indian Blood.**
Date of issuance: _____; Name of tribe _____
- Tribal or Bureau of Indian Affairs Affidavit of Birth.**
Year of birth: _____ Place of birth: _____

I swear or affirm, under penalty of perjury, that I presented the document marked above to the City of Show Low, that I am lawfully present in the United States, that the document I presented to establish this presence is true, and that I am the person stated on the document.

Signature

Business/Company

Print Name

Address

Date: _____

City, State, Zip Code

For Office Use Only:

Employee Name: _____ Date: _____

Promptly report all observed violations of federal immigration law to (866) 347-2423 or by emailing azicereport@dhs.gov.

Reported violation (check if applicable); Date/Time Reported: _____

**CITY OF SHOW LOW
UTILITY RATE TABLE**

Resolution 2014-39
Effective 1/1/2019

Water Rates				
Rate Code	Meter Sizes	Usage Allowance	Base Fee	Rate per 1,000/gal
101	5/8 - 3/4"	5,000	30.37	2.99
102	1"	5,000	46.95	2.99
103	1 1/2"	11,000	98.67	2.99
104	2"	22,000	212.22	2.99
105	3"	44,000	436.90	2.99
106	4" +	67,000	704.15	2.99
Water Rates - Outside City Limits				125%
Rate Code	Meter Sizes	Usage Allowance	Base Fee	Rate per 1,000/gal
111	5/8 - 3/4"	5,000	37.96	3.73
112	1"	5,000	58.69	3.73
113	1 1/2"	11,000	123.33	3.73
114	2"	22,000	265.28	3.73
115	3"	44,000	546.10	3.73
116	4" +	67,000	880.19	3.73
Wastewater Rates				
Rate Code	Description	Base Fee	Rate per 1,000/gal	
301	Residential	32.62	n/a	
351	Residential - Low Pressure	45.17	n/a	
303	Commercial	26.86	3.07	
361	Commercial - Low Pressure	41.16	3.07	
310	Multi Family/Mobile Home Park	26.86	3.07	
311	Offices/Business/Retail	26.86	3.07	
314	Churches	26.86	3.07	
316	Motels and Hotels	26.86	3.07	
318	Schools	26.86	3.07	
320	Bars	26.86	3.07	
Sanitation Rates - Resolution 2011-07 (effective July 1, 2017)				
Rate Code	Description	Base Fee		
501	First Polycart (One trash, one recycling)	14.80		
502	Additional Polycart	6.38		
Miscellaneous Rates				
Rate Code	Description	Base Fee		
2101	Water Rights Preservation Fee (per month/per active water account)	1.50		
	Seasonal/Inactive Status (resolution R2013-04) - Effective 5/02/13 - Includes connect/disconnect fee for water customers - Fee is due and payable immediately. If not paid in full at time of disconnection the standard late fee shall be applied for all outstanding balances - Account must be current prior to reconnection - Includes all services	150.00		
	Water Connection	25.00		
	Water Disconnect	25.00		
	After Hours Call Out	40.00		
	Re-Read/Read Only	25.00		
	Bulk Meter Activation	150.00		
	Bulk Meter Deposit	800.00		
	Non-Sufficient Funds fee	25.00		
	Late Fee (applied 10 days after billing date)	10.00		
	Security Deposit	150.00		
	- with autopay sign up and continued active autopay - refunded after 12 consecutive months of prompt payment - may be waived with letter of credit showing 1-year of prompt payment history from previous utility	75.00		
	Non-pay Wastewater physical disconnect	600.00		



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

RESIDENTIAL FEE SCHEDULE*

Single Family, Multiple Family and Recreational Vehicle

(Fees effective 1/1/2020)

	Type of Dwelling Unit		
	Single Family Detached	Other Residential	Recreational Vehicle [‡]
Preset Residential Fees			
Streets facilities (transportation) development fee	\$1,112	\$874	\$834
Sewer system capacity fee	\$3,699	\$2,928	\$995
Security deposit	\$150	\$150	\$150
Turn-on fee	\$25	\$25	\$25
<i>Total fixed residential fees</i>	\$4,986	\$3,977	\$2,004
Variable Residential Fees <i>(based on meter size[†])</i>			
3/4" water meter cost	\$261.60	\$261.60	\$261.60
Water system capacity fee (3/4" meter)	\$1,589.00	\$1,589.00	\$1,589.00
<i>Total variable residential fees for a 3/4" meter</i>	\$1,850.60	\$1,850.60	\$1,850.60
1" water meter cost	\$337.30	\$337.30	\$337.30
Water system capacity fee (1" meter)	\$2,704.00	\$2,704.00	\$2,704.00
<i>Total variable residential fees for a 1" meter</i>	\$3,041.30	\$3,041.30	\$3,041.30
1 1/2" water meter cost	\$1,566.40	\$1,566.40	\$1,566.40
Water system capacity fee (1 1/2" meter)	\$5,254.00	\$5,254.00	\$5,254.00
<i>Total variable residential fees for a 1 1/2" meter</i>	\$6,820.40	\$6,820.40	\$6,820.40
TOTAL FEES* (Preset + Variable)			
Total fees based on a 3/4" meter	\$6,836.60	\$5,827.60	\$3,854.60
Total fees based on a 1" meter	\$8,027.30	\$7,018.30	\$5,045.30
Total fees based on a 1 1/2" meter	\$11,806.40	\$10,797.40	\$8,824.40

*Note: Additional building fees will apply.

Updated: 1/2/20

[†]For water meter sizes greater than 1 1/2" inch, please contact staff to determine fees.

[‡]A vehicle-type unit less than 400 sq. ft. of gross floor area located on a lot less than 4,999 sq. ft.



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

BUILDING PERMIT/PLAN REVIEW FEES & REVIEW TIME FRAMES

Building Permit Fees. Fees are formulated by the 1997 Uniform Building Code fee schedule. Please contact Building Safety Department personnel for assistance in calculating this fee. The building permit application and documents (plans) shall be active for 180 days from the date of application. If the permit has not been issued by that time, the documents (plans) shall be returned to the applicant and the deposit forfeited to the city.

Plan Review Fees. The plan review fee shall be based on 20% of the building permit fee, as outlined in the 1997 Uniform Building Code. A \$200.00 deposit for all single-family residences shall be received at the time of application and plan submittal which will be applied to the plan review fee. If the permit has not been issued within 180 days from the date of application, the documents (plans) shall be returned to the applicant and the deposit forfeited to the city.

Plan Review Time Frame: 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. Standard Plan Review allows the applicant and the city staff to work together to help expedite the plan review and approval process. As part of this approval process, the city will have all approvals in place within thirty (30) working days from the date of submittal provided all required information has been submitted to and approved by the city. This time period shall not include the time in which the city has returned comments to the applicant and is awaiting corrections or additional information. The Non-Standard Plan Review process requires the successful completion of two separate review processes prior to the determination of a building permit. This includes the Administrative Review, to ensure that all required information is included as part of the permit application and that all submitted information is correct. The Substantive Review is to ensure that all information required for a permit has been submitted and that all required approvals have been obtained. The time frame for each process is twenty (20) working days, therefore allowing forty (40) working days for determination is required.