

**TOWN OF CLARKDALE**890 Main Street
Clarkdale, AZ 86324
(928) 639-2500Please mail or email completed form to:
PO Box 308, Clarkdale, AZ 86324 or
CommunityDevelopment@Clarkdale.AZ.gov**COMMUNITY DEVELOPMENT
DEPARTMENT****BUILDING PERMIT
APPLICATION**

PLEASE PRINT

STAFF USE ONLYDate Received: _____
By: _____
Permit # _____
Date Approved: _____
Approved By: _____**APPLICANT INFORMATION**

PROJECT ADDRESS _____

OWNER NAME _____ CELL PHONE _____

E-MAIL ADDRESS _____ HOME PHONE _____

ADDRESS (if different than Project Address) _____

TYPE OF PROJECT

- | | | | | | |
|--------------------------------------|---|---|---|---|---------------------------------------|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> ACCESSORY
STRUCTURE | <input type="checkbox"/> FENCE | <input type="checkbox"/> MECHANICAL | <input type="checkbox"/> REMODEL | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> DECK | <input type="checkbox"/> FENCE, MASONRY | <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> SOLAR WATER | _____ |
| | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> GRADING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> SOLAR ELECTRIC KW: _____ | |
| | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MANUFACTURED
HOME | <input type="checkbox"/> RE-ROOF | <input type="checkbox"/> SWIMMING POOL | |

DESCRIPTION OF PROJECT

HEIGHT OF ALL NEW STRUCTURES (where applicable) _____

ESTIMATED COST OF LABOR & MATERIALS \$ _____

OFFICE USE ONLY**CONTACT FOR PERMIT PICK-UP:**

-
- OWNER
-
- AGENT
-
- CONTRACTOR
-
- ARCHITECT

CONTACT NAME _____

CONTACT PHONE _____

Community Development Department Hours of Operation:**Monday - Thursday 8:00 a.m. to 5:30 p.m. and Friday 8:00 a.m. to 12:00 p.m.****If you have any questions regarding this application, please email the Building Official at paul.grasso@clarkdale.az.gov.****You must schedule a final inspection when the project is complete. Inspections must be scheduled 24 hours in advance. Permit number is required with all inspection requests. Inspections will not be made where there are unattended dogs.****Construction must start within 180 days of date issued.****Construction hours: 6:00 a.m. to 9:00 p.m.****PLAN REVIEW FEES ARE NON-REFUNDABLE / NO PERMIT REFUND AFTER 30 DAYS**

PARCEL NUMBER _____

ZONING _____

OCCUPANCY _____

CONST. TYPE _____

USE CODE _____

OF UNITS _____

VALUATION _____

PERMIT FEE _____

REVIEW FEE _____

TOTAL PERMIT FEE _____

LICENSE INFORMATION

APPLICANT IS CURRENTLY A LICENSED CONTRACTOR:

NAME _____

ROC LICENSE NO. _____ LICENSE CLASS _____

CURRENT CLARKDALE BUSINESS LICENSE? YES NO

SIGNATURE _____ DATE _____

APPLICANT WILL BE USING THE FOLLOWING LICENSED CONTRACTORS ON THIS PROJECT AND WILL ENSURE THEY HAVE A CURRENT TOWN OF CLARKDALE BUSINESS LICENSE.

GENERAL CONTRACTOR _____

ROC LICENSE NO. _____ LICENSE CLASS _____

MECHANICAL CONTRACTOR _____

ROC LICENSE NO. _____ LICENSE CLASS _____

ELECTRICAL CONTRACTOR _____

ROC LICENSE NO. _____ LICENSE CLASS _____

PLUMBING CONTRACTOR _____

ROC LICENSE NO. _____ LICENSE CLASS _____

ROOFING CONTRACTOR _____

ROC LICENSE NO. _____ LICENSE CLASS _____

EXEMPTION FROM LICENSING

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

- A.R.S. §32-1121A5 – 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. §32-1121A6 – I am the owner/developer of this property and I will contract with a licensed general contractor to provide all construction services and ensure they have a Town of Clarkdale Business License. All contractors' names and license numbers will be included in all sales documents.
- Other (Please specify): _____

SIGNATURE _____ DATE _____