



**CITY OF ELOY**  
**APPLICATION-BUILDING PERMIT**  
**1137 W. HOUSER RD.**  
**ELOY, ARIZONA 85131**  
**FOR INSPECTIONS CALL: 520-466-4939**  
**FAX NO: 520-464-1438**

PLAN CHECK NO:
<b>BUILDING PERMIT NO:</b>

CONSTRUCTION ADDRESS : SUBDIVISION/LOT/BLK/UNIT:	PARCEL:
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APPLICANT/CONTACT/OWNER:	PHONE:
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ADDRESS:	E-MAIL ADDRESS:
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CITY:	STATE	ZIP
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CONTRACTOR :	PHONE:
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ADDRESS:
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CITY:	STATE
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R.O.C.#	SALES TAX#
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DESCRIPTION OF WORK:
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CONSTRUCTION VALUATION: NOTE: THIS IS THE PERMIT VALUATION AND DOES NOT REFLECT MARKET VALUE	\$
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**FOR OFFICE USE ONLY**

NEW NSF <input type="checkbox"/>	SF ADDITION <input type="checkbox"/>	SF ALTERATION <input type="checkbox"/>	DEMO <input type="checkbox"/>
MECHANICAL <input type="checkbox"/>	PLUMBING <input type="checkbox"/>	ELECTRICAL <input type="checkbox"/>	SIGN <input type="checkbox"/>
BUSINESS <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	INDUSTRIAL <input type="checkbox"/>	SPECIAL INSPECTION <input type="checkbox"/>
OTHER: <input type="checkbox"/>			

ZONING DISTRICT	ZONING CASE	B.A. CASE	F. YD.	R. YD.	S. YD.	STREET	BLD. HT.	LOT COV. %	FLOOD CONTROL
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ZONING COMMENTS:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	BY:
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CONDITIONS:	DATE:
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OCCUPANCY	CONST. TYPE	RES. AREA	GARAGE	MISC.	# BR	# BATH	FIRE DISTRICT
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SPECIAL INSP	HEALTH DEPT HIGHWAY ROW
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BUILDING COMMENTS:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	BY:
			DATE:

<b>BUILDING PERMIT FEES:</b>		<b>IMPACT FEES:</b>		<b>CITY UTILITY FEES:</b>	
BUILDING:	\$	WATER METER	\$	WATER METER	\$
PLAN REVIEW:	\$	SEWER	\$	WATER TAP	\$
MECHANICAL:	\$	MUNICIPAL FACILITIES	\$	SEWER TAP	\$
PLUMBING:	\$	PARKS AND RECS	\$	MISC. FEES	\$
ELECTRICAL:	\$	LIBRARY	\$		
ROOFING:	\$	POLICE	\$		
DEMO:	\$				
<b>TOTAL BUILDING PERMIT FEES:</b>	<b>\$</b>	<b>TOTAL IMPACT FEES:</b>	<b>\$</b>	<b>TOTAL CITY UTILITY FEES:</b>	<b>\$</b>
<b>TOTAL FEES PAYABLE:</b>	<b>\$</b>	CASH:	CHECK #	C.C. CONF#	

I CERTIFY THAT I AM THE OWNER, THAT I HAVE READ THIS APPLICATION, AND THAT ALL INFORMATION IS CORRECT. I FURTHER CERTIFY THAT I HAVE READ, UNDERSTAND AND WILL COMPLY WITH ALL OF THE PROVISIONS OUTLINED HERON. I ALSO CERTIFY THAT THE PLOT PLAN SUBMITTED IS A COMPLETE AND ACCURATE PLAN SHOWING ANY AND ALL EXISTING AND PROPOSED STRUCTURES ON THE SUBJECT PROPERTY. ALL WORK ON THIS PROJECT WILL BE DONE BY A CONTRACTOR HOLDONG VALID PRIVILEGE TAS LICENSES ISSUED BY THE STATE OF ARIZONA AND THE CITY OF ELOY.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PROVISIONS:** THE APPLICANT IS ADVISED THAT ISSUANCE OF THIS PERMIT WILL NOT RELIEVE RESPONSIBILITY OF THE OWNER OR OWNER'S AGENTS TO COMPLY WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES, INCLUDING FEDERAL, STATE AND LOCAL JURISDICTIONS, WHICH REGULATE CONSTRUCTION AND PERFORMANCE OF CONSTRUCTION, OR WITH ANY PRIVATE DEED RESTRICTIONS OR REQUIREMENTS OF THE APPLICABLE FIRE DISTRICT. THIS PERMIT BECOMES NULL AND VOID IF THE CONSTRUCTION WORK AUTHORIZED IS NOT BEGUN WITHIN 180 DAYS FROM DATE OF ISSUE OR IF ANY TIME PRIOR TO FINAL INSPECTION AND APPROVAL THE WORK IS SUSPENDED OR ABONDONED FOR A PERIOD OF 180 DAYS.