



# Planning & Development Department



## CONTACT SUPPLEMENTAL

### PERMIT INFORMATION

PERMIT TRACKING INFORMATION	APN																		
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The primary contact shall receive all communications, review comments and permit approvals. A secondary contact is optional and will be for permit record purposes only. If you are a contractor, please complete the CONTRACTOR INFORMATION box below and verify that you are licensed under ARS Title 32, Chapter 10, Article 2.

For ownership changes please refer to Directive DD 2000-80 found in the link below.  
<https://www.maricopa.gov/DocumentCenter/View/5698/Change-of-Contractor-or-Owner-2007-05-PDF>

PRIMARY CONTACT INFORMATION			
CHECK ONE			
<input type="checkbox"/> Change Ownership	<input type="checkbox"/> Change Contact	<input type="checkbox"/> Change Contractor	<input type="checkbox"/> Remove Contractor
	<input type="checkbox"/> Change Contact and Remove Contractor	<b>(ONLY FILL OUT CONTRACTOR INFORMATION BELOW)</b>	
CONTACT NAME			
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

CONTRACTOR INFORMATION			
LICENSE NUMBER	CLASS	TRUST ACCOUNT (IF APPLICABLE)	
COMPANY NAME		CONTACT NAME	
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

ACKNOWLEDGEMENT & AGREEMENT		
<ul style="list-style-type: none"> <li>I acknowledge that I am the property owner and I guarantee access to Maricopa County personnel for the purpose of building inspections, zoning enforcement and the provision of emergency services. I agree to abide by all the development laws of Maricopa County. The information and plans provided are correct to the best of my knowledge including recorded lot dimensions and structure locations. I understand filing of an application containing false or incorrect information, with the intent to avoid the licensing requirement of ARS Title 32, is falsification pursuant ARS section 13-2701 and is a class 2 misdemeanor.</li> <li>I hereby absolutely, unconditionally and irrevocably guarantee to Maricopa County the prompt payment of any and all fees and charges in connection with this application, without the necessity of Maricopa County first seeking payment from the named applicant. This includes that if at any time, a written cancellation is submitted for this project application, I personally guarantee prompt payment of the balance of any and all fees and charges incurred.</li> </ul>		
OWNER NAME (PRINT):	EMAIL:	
OWNER SIGNATURE:	PHONE NUMBER:	DATE: