



Planning & Development Department Building Permit Application



FENCES & GRADING

PROPERTY INFORMATION		
PARCEL NUMBER	NEAREST CROSS STREETS	
PROJECT ADDRESS		
CITY		ZIP
	, AZ	
OWNER NAME		
UTILITIES TO PROPERTY (CHECK ONE AND FILL IN BLANK IF APPLICABLE)		
WASTE WATER: <input type="checkbox"/> SEWER <input type="checkbox"/> SEPTIC <u>ELECTRIC:</u> <input type="checkbox"/> APS <input type="checkbox"/> SRP		
WATER: <input type="checkbox"/> WELL <input type="checkbox"/> HAULED <input type="checkbox"/> COMPANY: _____		
GAS: <input type="checkbox"/> N/A <input type="checkbox"/> PROPANE <input type="checkbox"/> NATURAL GAS CO: _____		
CHECK "NO" OR "YES". PROVIDE THE RELATED INFORMATION IF APPLICABLE.		
1. Are there any code violations on this property?		
<input type="checkbox"/> NO <input type="checkbox"/> YES Violation case #: V _____		
2. Is there any other construction occurring on this property right now?		
<input type="checkbox"/> NO <input type="checkbox"/> YES Building permit #: B _____		
3. Does the driveway tie into a Maricopa County right-of-way?		
<input type="checkbox"/> NO <input type="checkbox"/> YES Street name: _____		
APPLICANT INFORMATION		
CHECK ONE		
<input type="checkbox"/> AGENT <input type="checkbox"/> ARCHITECT/ENGINEER <input type="checkbox"/> OWNER <input type="checkbox"/> SAME AS CONTRACTOR		
COMPANY NAME (IF APPLICABLE)		
ADDRESS		
CITY	STATE	ZIP
CONTACT NAME		PHONE
EMAIL		

PROJECT INFORMATION		
FENCE PERMIT TYPE		
<input type="checkbox"/> CMU/BLOCK: _____ LF _____ HT <input type="checkbox"/> CHAINLINK: _____ LF _____ HT		
<input type="checkbox"/> IRON: _____ LF _____ HT <input type="checkbox"/> RETAINING: _____ LF _____ HT		
<input type="checkbox"/> PIPE: _____ LF _____ HT <input type="checkbox"/> WOOD: _____ LF _____ HT		
<input type="checkbox"/> OTHER: _____ LF _____ HT <input type="checkbox"/> OTHER: _____ LF _____ HT		
ACCESSORY PERMIT TYPE (FOR PROPERTIES WITH ESTABLISHED USE ONLY)		
<input type="checkbox"/> MARE MOTEL / SHADE (NO UTILITIES) <input type="checkbox"/> BARN / STORAGE (NO UTILITIES)		
<input type="checkbox"/> OTHER: _____		
GRADING PERMIT TYPE		
<input type="checkbox"/> GRADING / STOCKPILE <input type="checkbox"/> INFRASTRUCTURE / PAVING / CULVERT		
TOTAL CUT + FILL QUANTITIES IN CUBIC YARD (CY): _____		
DETAILED WORK DESCRIPTION		
PROJECT VALUATION		PROPERTY USE
\$ _____		<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL
CONTRACTOR INFORMATION		
LICENSE NUMBER		TRUST ACCOUNT NUMBER
COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP
CONTACT NAME		PHONE
EMAIL		

SUBMITTAL DOCUMENTS REQUIRED FOR FIRST REVIEW				APPLICANT	
SCOPE OF WORK	REQUIRED DOCUMENT	COPIES		✓	N/A
ALL	Complete Permit Application Form	1			
Fences and/or Grading on Non-Vacant Land	Site Plan, Scaled Aerial or Grading & Drainage Plan	7			
Fences and/or Grading on Vacant Land	Site Plan or Grading & Drainage Plan	7			
Fence or Pool Barrier ≤6' / Retaining Walls ≤4'	Fence Details	4			
Fence or Pool Barrier >6' / Retaining Walls >4'	Engineered Fence Details and Structural Calculations	4			
Accessory Structure	Building Plan and Structural Calculations (if applicable)	3			
Other: _____	_____				

FOR OFFICE USE ONLY	
TRACKING NUMBER:	GOTO(S):



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FEE INFORMATION

I am aware and understand the fee information below:

- For residential projects, there is an online fee estimator to assist with planning / preparing for your project: www.maricopa.gov/391/Fee-Schedule-and-Estimators
- An upfront fee will be required upon acceptance - \$70 for Fences that require Drainage Review or \$110 for Fences that require both Building and Drainage Review, \$110 for Grading (Stockpile) and \$310 for Miscellaneous Grading.
- If the application / permit submittal is not approved on the initial review, full permit fees will be required at the time the revised submittal is accepted.
- Any remaining fee balance must be paid prior to permit issuance.
- If a permit application is denied, any unearned fees will be refunded.

INITIALS:

PERSONAL GUARANTEE OF FINANCIAL RESPONSIBILITY

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.

INITIALS:

DEVELOPMENT DISCLAIMER NOTICE

By initialing / signing this application and disclaimer, I state that I am either the owner of record of the parcel and/or authorized by the owner(s) to represent them regarding the subject parcel. I understand that the issuance of a Building Permit for this property (APN _____) by Maricopa County DOES NOT GUARANTEE THE AVAILABILITY OF POTABLE WATER AT THIS SITE.

I also am aware and understand that issuance of the Building Permit does not obligate Maricopa County to issue a permit for electrical service for a shared well to serve this site, should this site be included within a private shared well agreement.

INITIALS:

PERSONAL ASSURANCE OF SUBMITTAL ACCURACY

I hereby unconditionally and without reservation guarantee and warranty to Maricopa County that the documents submitted to Maricopa County Planning and Development, including but not limited to the application materials and/or any and all site plan(s) and building plans, provide a true and accurate depiction of the requested construction and accurately reflect the existing conditions of the subject parcel.

I am aware that Maricopa County Planning and Development will rely upon the accuracy of the materials provided to perform a Zoning Clearance review, as required in the Maricopa County Zoning Ordinance, Section 1504.5. I have also seen and verified that the submitted site plan materials include and accurately provide all listed items on the Department's Site Plan Checklist.

I am aware and understand that the issuance of a Building Permit does not represent that Maricopa County has verified or authenticated the veracity of any materials submitted in support of the application for permit. I understand that Maricopa County will issue a Building Permit based upon the subject materials and that any falsification of documentation submitted as part of this permit application may void the Building Permit upon which it is based.

In addition, issuance of a Zoning Clearance in conjunction with this application by the Department does not approve or imply the approval of other structures, permitted or unpermitted, which may be on the same property, but which are not the subject of this permit request.

I also certify, to the best of my knowledge, that each of the buildings, structures, and conditions reflected on the submitted plan is in compliance with the Maricopa County Zoning Ordinance, which may be found at:

www.maricopa.gov/DocumentCenter/View/272/Maricopa-County-Zoning-Ordinance-PDF

INITIALS:

ACKNOWLEDGEMENT & AGREEMENT

I acknowledge that I am the property owner or I have the authority to represent the property owner on this application as an authorized agent for the property. Further, 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 of 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.

Owner / Builder will do the work themselves, with their own employees, for owner's use and not for sale or rental within one year of completion.

YES NO

Owner / Applicant is claiming another exemption under ARS, Section 32-1121.A. A signed statement from the Registrar of Contractors verifying exemption must be attached.

YES NO

PRINT NAME:

(CHECK ONE):



AGENT CONTRACTOR OWNER

SIGNATURE:

DATE:

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GOTO(S):