

CITY OF PAGE - BUILDING PERMIT APPLICATION



Building Safety Department
 P.O. Box 1180 • 697 Vista Avenue • Page, AZ 86040
 Phone: (928) 645-4260 • Fax: (928) 645-4265

Permit Number _____

Date: _____

PROPERTY ADDRESS:					
MAILING ADDRESS:			PROPERTY OWNER:		
PHONE:		FAX:		E-MAIL:	
	NAME	ADDRESS	CONTACT	PHONE	LICENSE #
GENERAL CONTRACTOR					
ELECTRICAL					
PLUMBING					
MECHANICAL					
ARCHITECT OR DESIGNER					
ENGINEER					
OTHER:					
USE OF BUILDING:					
CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE					
DESCRIBE WORK:					
SPECIAL CONDITIONS:					
APPROVALS	REQUIRED	RECEIVED			RECD
FIRE DEPT			VALUATION \$		PERMIT FEE \$
ZONING			TYPE OF CONST		PLAN REVIEW \$
PUBLIC WORKS			SIZE OF BLDG./SF		TOTAL FEES \$
UTILITIES			NO. OF STORIES		OCCUPANCY
P.U.E			ZONE		SPRINKLERS
CTY HEALTH			LOT		BOOK-MAP-PARCEL
			BLOCK		

This permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of another state or local law regulating construction or the performance or construction.

 Signature of Contractor, Owner or Authorized Agent (Date)