

TOWN OF PATAGONIA

BUILDING PERMIT APPLICATION

Permit No. _____

Owner: _____

Address: _____ Ph. _____

Improvement Street Address: _____

Builder: _____

Address: _____ Ph. _____

Architect or Engineer: _____

Address: _____ Ph. _____

Lot _____ Block _____ Subdivision _____

Parcel _____ Section _____ Township _____ S. Range _____ E. _____

Lot Size _____ Present Use _____ Proposed Use _____

Sewer _____ Septic _____ Yard Sizes: Comply _____ Variance _____

Flood plain elevation: _____

Class of Work: NEW ADDITION ALTERATION REPAIR MOVE REMOVE

Building Materials: C.M.U. Adobe Frame/Stucco Frame Other: _____

Valuation of work: \$ _____			PLAN CHECK FEE		PERMIT FEE			
SPECIAL CONDITIONS: 			Type of Const.		Occupancy Group			
			Size of Bldg. (Total) Sq. Ft.		No. of Stories		Division	
					Use Zone		Max. Occ. Load	
							Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY	No. of Dwelling Units		OFFSTREET PARKING SPACES:			
			Covered		Uncovered			
<p style="text-align: center;">NOTICE</p> <p>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.</p> <p>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 ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OR CONSTRUCTION.</p> <p>_____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)</p> <p>_____ SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)</p>			Special Approvals	Required	Received	Not Required		
			ZONING					
			HEALTH DEPT.					
			FIRE DEPT.					
			SOIL REPORT					
			OTHER (Specify)					

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

INSPECTOR

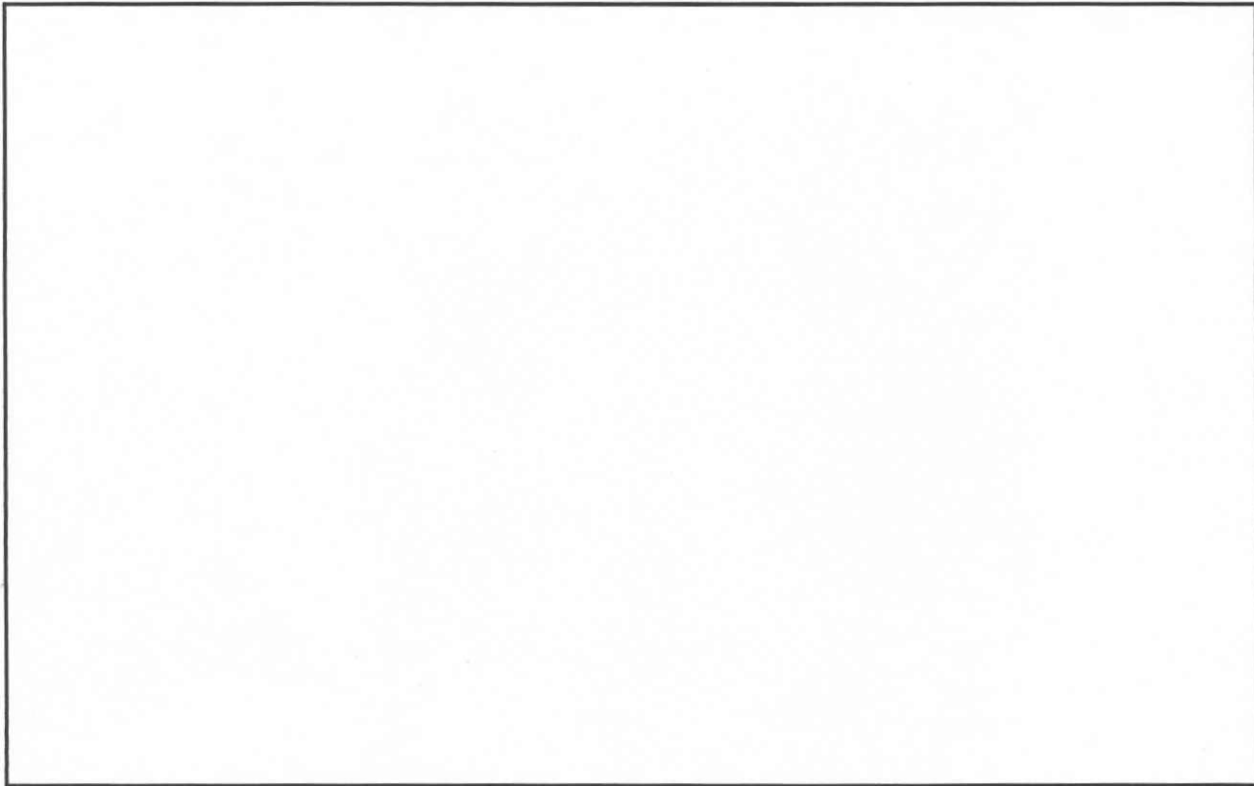
PATAGONIA, ARIZONA

BUILDING PERMIT

DATE _____

NUMBER _____

INDICATE POSITION OF BUILDING WITH DISTANCE FROM EACH PROPERTY BOUNDARY



DESCRIPTION OF BUILDING

PRINT: _____,
LAST FIRST

OWNER: _____
SIGNATURE

STREET ADDRESS

LOT _____ BLK _____

BOOK _____ MAP _____

PARCEL _____

INSPECTED AND APPROVED

BUILDING INSPECTOR