

		<b>CITY OF GLENDALE</b> <b>BUILDING PERMIT APPLICATION</b>				<b>DATE STAMP</b>	
		5850 West Glendale Ave Glendale, Arizona 85301 (623) 930-2800					
Zoning Area	Zip Code	Council Dist	Insp Area	Lot Coverage	Project Number	Permit Number	

Date/Fecha:	Applicant/Aplicante:	Telephone/Telefono:
Project Name/Nombre del Proyecto:		
Project Address/Domicilio del Proyecto:		Zip Code/Codigo:
Parcel No./No. de Parcela:	Subdivision:	Lot #/No. del Lote:
Description of Work/Tipo de Trabajo:		

Property Owner/Propietario:	Telephone/Telefono:
Address/Domicilio:	City, State, Zip Code:

Prime Contractor/Contratista:	Telephone/Telefono:	
Address/Domicilio:	City, State, Zip:	License Classification:
Contractor AZ ROC License Number:	City of Glendale Sales Tax License Number:	
Special Conditions:		

Permit Type:	<input type="checkbox"/> Building <input type="checkbox"/> Fire	<input type="checkbox"/> Electrical <input type="checkbox"/> Sign/Banner	<input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical	<input type="checkbox"/> Backflow <input type="checkbox"/> Demolition <input type="checkbox"/> Combination
Utilities:	<input type="checkbox"/> APS	<input type="checkbox"/> SRP	<input type="checkbox"/> SW Gas	
Flood Zone: _____ If other than Zone X, plan must be reviewed by Land Development Engineering.				
Square Footage/Pies Cuadrados:	Total Construction Valuation/Valor de Construccion: \$ _____			
Contact Person/Persona de Contacto:	Telephone/Telefono: Email (Optional):			