



CITY OF GLENDALE BUILDING PERMIT APPLICATION

DATE STAMP

5850 West Glendale Ave
Glendale, Arizona 85301
(623) 930-2800

Zoning Area	Zip Code	Council Dist	Insp Area	Lot Coverage	Project Number	Permit Number
-------------	----------	--------------	-----------	--------------	----------------	---------------

**** COMPLETELY FILL OUT FORM ****

Date/Fecha:	Applicant/Aplicante:	Telephone/Telefono:
Applicant Address/Domicilio:		City, State, Zip Code:
Project Name/Nombre del Proyecto:		
Project Address/Domicilio del Proyecto:		Zip Code/Codigo:
Parcel No./No. de Parcela:	Subdivision Name:	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/Comments:		

Permit Type:	<input type="checkbox"/> Building	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Sign/Banner	<input type="checkbox"/> Backflow
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire	<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Demolition
	<input type="checkbox"/> Plumbing			<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 Construcción: \$ _____			
Contact Person/Persona de Contacto:	Telephone/Telefono: Email (Optional):			