

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

** 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"/> Water Heater <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): _____