



**Development Services Department  
Building Safety Division  
New Construction  
Permit Application**

Permit #: \_\_\_\_\_

**Telephone Numbers  
(Area Code = 480)**  
 Building Permits: 644 - 3145  
 Inspection Information: 644 - 2313  
 Inspection Requests: 644 - 2428  
 FAX Number: 644 - 2418

Please note that this application is to be used for "New Construction" (i.e. new work from the ground up) purposes only. Attach completed expedited, outsourced, and/or phased submittals application as applicable.

**Project Address:** \_\_\_\_\_ **Bldg./Suite:** \_\_\_\_\_

**Assessor Parcel No.:** \_\_\_\_\_ **Lot No.:** \_\_\_\_\_ **Legal Description:** \_\_\_\_\_

**Project Description (Scope of Work):** \_\_\_\_\_

**Applicant/Owner:** \_\_\_\_\_  Architect  Engineer  Contractor  Other: \_\_\_\_\_  
 (Contact Person)

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business/Project Name:** \_\_\_\_\_ **Applicant Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **e-Mail:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_ **Cell. Phone No.:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Contractor Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mesa City Tax No.:** \_\_\_\_\_ **Contractor Lic. & Class** \_\_\_\_\_ **State Sales Tax No.:** \_\_\_\_\_

<b>Total Construction Valuation: \$</b>	<b>Sq. Ft.</b>
<b>Occupancy Group:</b> A B E F H I M R S U	<b>Construction Type:</b> I II III IV V

DO NOT WRITE BELOW THIS LINE

**Building Safety Division Staff Use Only:**

**Census Tract:** \_\_\_\_\_ **Zone:** \_\_\_\_\_ **Permit Type:** \_\_\_\_\_ **Class Code:** \_\_\_\_\_

✓	Screeners	Date	Initials	✓	Plans Examiner	Date	Initials
	Building:				Building:		
	Structural:				Structural:		
	Mechanical:				Mechanical:		
	Electrical:				Electrical:		
	Plumbing:				Plumbing:		
	Civil:				Civil:		
	Fire:				Fire:		
	P & Z:				P & Z:		

Date Received:				Addenda: Mylars: Other:
Staff Initials:				
<b>Submittal</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	
Date Received:				
Date Returned:				
<input type="checkbox"/> EXPEDITED PLAN REVIEW SUBMITTAL <input type="checkbox"/> PHASED PLAN REVIEW SUBMITTAL <input type="checkbox"/> OUTSOURCED PLAN REVIEW SUBMITTAL <input type="checkbox"/> IMPACT FEES ASSESSED <input type="checkbox"/> PPRT REVIEW No.: _____				

**Inspections:**  Building Inspections  Fire  Engineering  Zoning  Retention  Utility Operations  Special

