



BUILDING PERMIT APPLICATION

CITY OF SAFFORD – BUILDING DIVISION
 Telephone: (928) 432-4140 Fax: (928) 348-8515
 808 S 8th Avenue / P.O. Box 272
 Safford, Arizona 85548

- OFFICE USE ONLY -

Date Received: _____

Approved
 Date Issued: _____

Denied
 Date Denied: _____

Reason for denial: _____

This permit application is reviewed for completeness by the Planning and Community Development Department. Please review the application for required submittal documents and review procedures. If there are deficiencies in the permit application requirements, the applicant will be notified during the review process or upon completion of the initial review.

The review of this permit application will be based upon the City of Safford Municipal Code as well as all other associated Building Codes as adopted by the City of Safford, and any clarification on statutes, ordinances, codes or policy may be directed to the Planning and Community Development Department. The review of this application may take up to two to four weeks. Upon approval of this application, inspections may be required by the Planning and Community Development Department, Utility Department, Public Works Department, and/or Engineering Department and may be requested by the applicant at any time. By signing the permit, you are giving the City of Safford permission to conduct any and all inspections required. For questions or information concerning this application, please contact the Planning and Community Development Department at 928-432-4140.

If applicant wishes to appeal a denial of a permit, applicant may appeal to the City of Safford Board of Adjustments according to Section 17.88.030 of the City of Safford Municipal Code.

Select One: Residential Commercial

Select One: New Addition Alteration Demolition Pool

Permit Type (select all that apply): Building Mechanical Plumbing Electrical
 Zoning - Plot/Site Plan Fence Manufactured Home
 Other (specify): _____

Project: _____ Valuation of Work: \$ _____
*over \$50,000 requires bond certificate

Project Address: _____

Tax Parcel #	Subdivision	Lot #

Use of Building: _____

Describe Work: _____

Continued on next page

Contact Person	Mailing Address	City, State Zip	Phone
Email Address:			
Occupant	Mailing Address	City, State Zip	Phone
Property Owner	Mailing Address	City, State Zip	Phone
Architect	Mailing Address	City, State Zip	Phone
Contractor	Mailing Address	City, State Zip	Phone
State Contractor License #	State Tax License #	City Business License #	

I hereby certify that I have read and examined this permit 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. 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 of construction.

INSPECTION POLICY: Inspection requests should be received 24 hours prior to your requested inspection time. Friday inspections may be requested when needed but must be requested before 12:00 p.m. on Thursday. Friday inspections shall occur before 12:00 p.m. Please be advised in order for a permit to remain active, an inspection must be completed at least once every 180 days starting from the date the permit was issued.

Owner/Representative Signature

Date

- OFFICE USE ONLY - CERTIFICATE OF ZONING COMPLIANCE	
Zoning District: _____	
Permitted Maximum Lot Coverage: _____%	Total Lot Coverage: _____%
Required Setbacks: Front _____ Rear _____ Side _____	
Proposed Setbacks: Front _____ Rear _____ Side _____	
Zoning Compliance: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments _____	
_____ <i>Zoning Officer Signature</i>	