



**DEVELOPMENT SERVICES DEPARTMENT**

530 E MONROE AVE, BUCKEYE AZ 85326  
 Phone 623-349-6200, Fax 623-349-6221

**BUILDING PERMIT APPLICATION**

<b>PROJECT NAME :</b>	<b>OFFICE USE ONLY PERMIT #</b>
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<b>Service Area</b>	<b>REGION PER BUCKEYE SERVICE AREA MAP :</b> <input type="checkbox"/> NORTH <input type="checkbox"/> CENTRAL NORTH <input type="checkbox"/> CENTRAL EAST <input type="checkbox"/> CENTRAL WEST	<b>AGE RESTRICTED COMMUNITY:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Project Location</b>	Project Address: _____ Subdivision: _____ APN # _____ Lot # _____ Builder _____
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<b>Applicant</b>	Company Name: _____ Contact Name: _____ Address/City & State : _____ Zip Code _____ Phone # _____ Fax # _____ Email _____
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<b>Property Owner</b>	Owners Name: _____ Address/City & State : _____ Zip Code _____ Phone # _____ Fax # _____ Email _____
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<b>Contractor Information</b>	Company Name: _____ Contact Name: _____ Address/City & State : _____ Zip Code _____ Phone # _____ Fax # _____ Email _____ Buckeye Business Lic # _____ AZ State Contractor's # _____
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<b>Building Details</b>	Value of Project:	<b>Utility Provider</b>	Gas:	<b>Setbacks</b>	Front:
	Lineal Footage:		Electric:		Rear:
	Square Footage:		Water:		Left:
	Approved Site Plan: <input type="checkbox"/> yes or <input type="checkbox"/> no		Water Meter Size:		Right:
	Fire Sprinkler: <input type="checkbox"/> yes or <input type="checkbox"/> no		Sewer:		Zoning:
	No of Units:		Septic:		

<b>DESCRIPTION OF WORK</b>

Disclaimer: The plan review fees are an estimate only and acceptance of these plan review fees is not a guarantee of approval of plans or of permit issuance. Any additional fees required will be charged at permit issuance.

Acknowledgement: I agree that all work will be performed according to the City of Buckeye Development Codes. <b>Applicant Signature:</b>	<b>Date:</b>
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