



DEVELOPMENT SERVICES DEPARTMENT

945 N 215th Ave Ste 137, BUCKEYE AZ 85326
Phone 623-349-6200, Fax 623-349-6221

BUILDING PERMIT APPLICATION

PROJECT NAME : _____	OFFICE USE ONLY PERMIT # _____
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BUILDING CODE EDITION: 2018 2024 IRC IBC OTHER: _____

AGE RESTRICTED COMMUNITY: <input type="checkbox"/> YES <input type="checkbox"/> NO	REGION PER BUCKEYE SERVICE AREA MAP : <input type="checkbox"/> North <input type="checkbox"/> Central North <input type="checkbox"/> Central East <input type="checkbox"/> Central West <input type="checkbox"/> Excluded
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Project Location	Project Address: _____ Subdivision: _____ APN # _____ Lot # _____ Builder: _____
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Applicant	Company Name: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone # _____ Email: _____
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Property Owner	Owners Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone # _____ Email: _____
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Contractor Information	Company Name: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Buckeye Business Lic # _____ AZ ROC # _____ Class: _____
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Building Details	Value of Project:	Utility Provider	Gas:	Setbacks	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:		

DESCRIPTION OF WORK

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.

Applicant Signature: _____	Date: _____
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