



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

BUILDING PERMIT APPLICATION

| PROJECT NAME : | | | OFFICE USE ONLY PERMIT # | | | | | |
|--|---|----------------------|--------------------------|---------------|----------------|---------|--|--|
| BUILDING CODE EDITION: 2018 2012 IRC IBC OTHER: | | | | | | | | |
| AGE RESTRICTED COMMUNITY: REGION PER BUCKEYE SERVICE AREA MAP : | | | | | | | | |
| ☐ YES ☐ NO ☐ North ☐ Central North ☐ Central East ☐ Central West ☐ Excluded | | | | | | | | |
| | | | | | | | | |
| Project Location | Project Address: | | | | | | | |
| | | ion: APN # | | | | | | |
| | | | | | | | | |
| Applicant | Contact Namo | | | | | | | |
| | Company Name: Contact Name: | | | | | | | |
| | Address: | | | City: | | | | |
| | State: Zip: Phone | #_ | | Email: | | | | |
| | | | | | | | | |
| Property Owner | Owners Name: | | | | | | | |
| | Owners Name: Address: City: | | | | | | | |
| | Address: | City: | | | | | | |
| | State: Zip: Phone | #_ | | Email: | | | | |
| | | | | | | | | |
| Contractor Information | Company Name: | | C | Contact Name: | | | | |
| | Address: City: | | | | | | | |
| | | | | | | | | |
| | State: Zip: | | | _ Email: | | | | |
| | Buckeye Business Lic # | eye Business Lic # A | | | Z ROC # Class: | | | |
| Building Details | Value of Project: | <u> </u> | Gas: | | Setbacks | Front: | | |
| | Lineal Footage: | Utility Provider | Electric: | | | Rear: | | |
| | Square Footage: | | Water: | | | Left: | | |
| | Approved Site Plan: ☐ yes or ☐ no | | Water Meter Size | e: | Setl | Right: | | |
| | Fire Sprinkler: ☐ yes or ☐ no No of Units: | | Sewer: Septic: | | \dashv | Zoning: | | |
| | DESCRIPTION OF WORK | | | | | | | |
| | | | | | | | | |
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| 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. | | | | | | | | |
| Applicant Signature: Date: | | | | | | | | |