CITY OF PRESCOTT
COMMERCIAL SUBMITTAL LIST

2012 INTERNATIONAL CODES

Required

☐ Permit Application & Construction Hold Harmless

☐ Deposit $_____

DEPOSIT DUE UPON SUBMITTAL
CONTACT BUILDING DEPARTMENT AT 1-928-777-1356
FOR DEPOST AMOUNT THE FOLLOWING INFORMATION WILL BE NEEDED.

Building Construction Type_____ Building Main Occupancy _____
Building Sq. Ft._____ Covered Patio Sq. Ft. _____
Uncovered Deck Sq. Ft. _____ Covered Deck Sq. Ft. _____

☐ Commercial Plan Review Submittal Checklist

☐ Arizona Registrar of Contractors Form

☐ Pre Application letter

☐ City Utility Tie-in Application & Commercial Fixture Tabulation Sheet

☐ Civil Grading/Underground Utility Permit Application

☐ Public Works Commercial Inspection Deposit Form

☐ Public Works Residential Inspection Deposit Form

☐ Civil Engineering Plan Review Submittal Checklist

☐ Federal Emergency Management Agency (FEMA) Questionnaire

☐ State of Arizona Bond Exemption Certificate ☐ (on file)

☐ All Forms Completed/Signed with Original Signature

☐ Code Summary with Exiting Floor Plan

CITY OF PRESCOTT
COMMUNITY DEVELOPMENT DEPARTMENT
PUBLIC WORKS DEPARTMENT
201 S. Cortez Street, Prescott, AZ 86303
(928) 777-1356 (928) 777-1269

CONSTRUCTION HOLD HARMLESS

Building Permit #: _____

To the fullest extent allowed by the law, the Contractor(s) agrees to defend, indemnify and hold harmless the City, its employees, agents, invitees and/or volunteers from any claims, demands, causes of action, liability, loss, property damage or any type of damage and/or injury (to property or person, including without limitation, wrongful death), whether brought by an individual or other entity, or imposed by a court of law or by administrative action of any Federal, State or local government body or agency, arising out of or incident to any acts, omissions, negligence or conduct of the City, its personnel, employees, agents, contractors, or volunteers in connection with or arising out of the Contractor's placement of soil pursuant to this grading permit.

It is expressly understood by the undersigned that this permit is revocable at will by the City, at the sole option of the city. If the city revokes this permit, it shall be the responsibility of the permittee to remove, at permittee's expense, all improvements authorized by this permit and restore the property to its original condition.

The Undersigned further releases and discharges the City from any and all claims in which the undersigned has or may have against the City, its agents, or employees, arising out of or in any way connected with the undersigned's activities as set forth on this permit. The applicant agrees to abide by the aforementioned miscellaneous requirements and all provisions and conditions as set forth in this permit.

The undersigned, under penalty of perjury, does hereby certify that all improvements made to the above project, at the address as stated above, by means of the building or improvement of structures or appurtenances of such property, have been performed by a duly licensed contractor unless the entire structure is intended for the undersigned's sole occupancy as owner and no part is provided for occupancy by the public, employees or business visitors and no part of the premises are intended for sale or rent.

I understand the owners who sell or rent property not completed with a licensed general contractor, may be subject to a Class 1 Misdemeanor under Arizona Revised Statues § 32-1151 and § 32-1154. A Class 1 Misdemeanor is punishable by a fine not to exceed $2500.00 and/or one year in the County jail. I understand and acknowledge the above certification.

Owner/Contractor: _____ **Date:** _____

City of Prescott –Commercial Building Permit Application 2012 Codes

201 S Cortez St, Prescott AZ 86303
(928) 777-1356 Fax (928) 777-1258

Permit #

Address #

Project Address:		
Assessor's Parcel #:		
Subdivision:		Lot#:
Description of work:		
Building Sq. Ft:	Building Sq. Ft:	Building Sq. Ft:
Deck Cover Sq Ft:	Deck Uncovered Sq Ft:	Patio Covered Sq Ft:
Retaining walls Lin Ft:	Fence Lin. Ft:	Misc/Value:

Options:	Utilities:	
	Water	Electric
	Gas	Sewer

Occupancy types	Occupant Load	Construction Type:	Occupancy Type:

APPLICANT/CONTACT:		Phone:
Address:		Email Address:
City:	State:	ZIP:
OWNER:		Phone:
Address:		Email Address:
City:	State:	ZIP:
CONTRACTOR:		Phone:
Address:		Email Address:
City:	State:	ZIP:
Lic#:	City Sales Tax #:	State Tax #:

CITY OF PRESCOTT
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING SAFETY DIVISION
201 S. Cortez Street, Prescott, AZ 86303 (928) 777-1356

COMMERCIAL PLAN REVIEW SUBMITTAL CHECKLIST 2012 CODES

Building Permit #: _____

	GENERAL:		
	1. Completed application(s)		
	2. Civil Plan Application & Checklist w/ Required Two (2) sets of Civil Plans & Reports, landscape plans any additional plans		
	3. Two (2) sets of Architectural Plans, w/ site plans & Landscape plans		
	4. Two (2) copies of the PAC letter		
	5. Five (5) sets of the site plan		**ELECTRICAL PLAN:**
	6. Submittal Fee		1. Floor plan depicting complete electrical
			2. Building lighting cut sheets **(when required)**
	BUILDING:		3. Photo metrics **(when required)**
	1. Plans are complete		
	1. Architect stamp		**MECHANICAL:**
	3. Engineer stamp		1. Mechanical floor plan
	4. Three (3) sets soils investigation report		2. Equipment listed and sized
	5. Two (2) sets engineering calculations		
	6. Two (2) sets project manuals		**DEFERED SUBMITAL ITEMS: List all**
	7. Two (2) sets truss if not deferred		1. Fire sprinkler plans
	8. Metal building plans & specifications,		2. Fire alarm plans
	9. Commercial worksheet and code/Exit plan		3.
			4.
	PLUMBING		5.
	1. Plumbing floor plan		6.
	2. Fixture count and description		7.
	3. Provide plumbing calculations		

SQUARE FOOTAGE AND PERCENTAGE OF EXPANSION FOR:			
	Building Area	**Site Area**	**Parking Spaces**
Existing			
Proposed			
Expansion %			

COMMENTS:	
REVIEWED BY: _____	**SUBMITTAL FEE:** $_____

*Site plan approvals will be required prior to issuance of permit

I certify that these plans include all items I have checked on this checklist, and were prepared per the development standards cited below. I understand that the plans may not be accepted if I have failed to provide this information.

_____ _____ _____
Signature (of preparer of plans) Registration number, (if applicable) Date

COMMERCIAL PLAN WORKSHEET 2012 CODES
Building code summary for Commercial, Industrial and Mixed use Occupancies

This form details the minimum information we need in order to review your project for compliance with the building codes. To begin your review, we require that this worksheet be completed and turned in with your Building Permit Application.

You are required to include the necessary full sized sheet(s) with the drawings, and these code summary pages designated as CS (Code Summary) sheets.

The Code Summary Floor Plans will have the following information:

- Drawing Sheets shall be designated as CS (Code Summary).
- Provide a basic floor plan for each level, showing partitions, stairs, doors with door swings, fixtures, etc. Minimum scale is 1/8" = 1'-0"
- Clearly label the following:
  - Use of each room or area (i.e. office, sales, conference, kitchen, manufacturing, storage, classroom, lobby, corridor, vertical exit enclosure, etc.)
  - IBC Occupancy classification for each room, area and floor.
  - Square footage of floor area of each room or area.
  - Occupant load factor used for each room or area and floor.
  - Occupant load of each room or area and floor.
  - Number of required exits for each room or space, and for each floor. Include
- Provide a total occupant load summary for each floor or level.
- Clearly show all actual and assumed property lines, including those required by IBC 705.3.
- Graphically show the extent and rating of all rated assemblies both vertical and horizontal, including the rating of any required opening protection.
- Clearly show a complete Means of Egress Path and Exit Discharge, including the width, common path of travel, travel distance, diagonal distance of exits, exit signs, and emergency exit pathway lighting (interior and exterior).
- Indicate any doors that are provided with panic hardware and/or magnetic hold-opens.
- Provide accessible information for site and all parts of the building including any stages or platforms. This includes all Braille signs for room identification and exits, Areas of refuge, and emergency communication.
- Provide occupant load sign requirements for all assembly areas.
- Provide interior Wall finish and trim requirements in accordance with IBC Table 803.9.
- Provide complete list of Hazardous Materials and show storage location.

Commercial Worksheet

SECTION 1 - BUILDING USE AND OCCUPANCY						
IDENTIFY ALL USE AND OCCUPANCY CLASSIFICATION GROUPS(S) IN THE BUILDING (I.E. B, M, R-2, A-3, ETC)						
Check the applicable option for this project:	To	=	Hr(s)			
	To	=	Hr(s)			
___List all occupancy separation fire barrier ratings required (i.e. b to s-2 = 2 hr), IBC 508.4, include both horizontal and vertical separations	To	=	Hr(s)			
	To	=	Hr(s)			
	To	=	Hr(s)			
___Building is constructed per IBC 508.3 for Non-Separated Uses	To	=	Hr(s)			

COMMERCIAL PLAN WORKSHEET 2012 CODES
Building code summary for Commercial, Industrial and Mixed use Occupancies

SECTION 1 - BUILDING USE AND OCCUPANCY cont.

List all incidental use areas (per IBC Table 509), floor area, and separation to be provided

Room or Area	Floor Area (Sq. Ft.)	Fire Separation

List all accessory use areas not defined as Incidental Use, and Fire Barrier requirements (per IBC 508.2)

Room or Area	Floor Area (Sq. Ft.)	Percent of floor Area on story	Fire Separation

SECTION 2 – BUILDING CONSTRUCTION

List Construction Types(s) used in the design (IA, IIIB, VA, etc)		
	Allowed	**Proposed**
Building Height (per IBC Table 503)		
Number of Stories (per IBC Table 503)		

Are Automatic Sprinklers used for Height Modifications? (per IBC Section 504	**YES**	**NO**
Is there a Basement? If yes, list Square Footage of basement and grade elevations on CS	**YES**	**NO**
Is an automatic Sprinkler System used in place of 1-hour Construction per IBC Table 601, footnote d or other fire resistive construction per IBC 601 footnote c.? If you answered yes, please provide locations on CS sheets.	**YES**	**NO**

Fire Resistance of exterior Walls Based on Fire Separation Distance (per IBC Table 602)

List Wall location (i.e. North, South, etc.)		Fire Separation Distance:	Rating	Opening Protection
1				
2				
3				
4				

Fire Resistance Rating Requirements (per IBC Table 601)	Rating Required	Rating Provided	Assembly #
Structural frame			
Bearing Walls - Exterior			
Bearing Walls - Interior			
Nonbearing Walls & Partitions- Exterior			
Nonbearing Walls & Partitions- Interior			
Floor Construction			
Roof Construction			

COMMERCIAL PLAN WORKSHEET 2012 CODES

SECTION 3 – OCCUPANT LOAD AND BUILDING EXITING

If there are Multiple IBC Occupancy types on any floor or in the building, provide a separate analysis for each occupancy type. Repeat as Necessary.

	Basement	First Floor	Mezzanine	2nd Floor	3rd Floor	Other Floor(s)
TOTAL Occupant Load						

	Number of Exits		Exit Width			
			Stairs		Other Egress Components	
	Required	Provided	Required	Provided	Required	Provided
Basement						
First Floor						
Mezzanine						
2nd Floor						
3rd Floor						
Other Floors						
Are Areas of Refuge Required?					YES	NO

SECTION 4 - BUILDING AREA LIMITATIONS: 'ALLOWABLE' and 'ACTUAL'

If there are multiple construction types, or if a fire wall divides the building, Provide a separate analysis for each are. Repeat as necessary.

Area Limitations for Each Proposed IBC Use and Occupancy Group	**Occupancy - 1**	**Occupancy - 2**	**Occupancy - 3**	**Occupancy - 4**
IBC Use/Occupancy Group				
Table 503 Area Limitations (per IBC Table 503)				
Frontage Area Increase Multiplier (per IBC 506.2 Equation 5-2 provide on CS Sheet)				
Automatic Sprinkler System Area Increase Multiplier (per IBC 506.3 provide on CS Sheets)				
Actual Floor Area				
Total ALLOWABLE Building Area (per IBC 508.3 for non-separated occupancies or 508.4 for separate occupancies.				
Does the building Qualify for Unlimited Area (per IBC 507)			**YES**	**NO**

If there is more than one occupancy group in the building, provide a "Sum of Ratios" calculation (per IBC 508.4.2) to show that the building is not over the allowable area. (Not required if Building is constructed per IBC 508.3 for Non-Separated Uses)

"Sum of Ratios" Allowable Area Calculation (if Applicable)

"Non-Separated Use" Allowable Area Calculation (If Applicable)

COMMERCIAL PLAN WORKSHEET 2012 CODES

SECTION 5 – PLUMBING FIXTURE COUNT

IBC Chapter 29

Type of Occu-pancy	Floor Area	Plumbing Occupant Load Factor	Plumbing Occupant Load	Water Closets				Lavatories			
				Male		Female		Male		Female	
				Req'd	provided	Req'd	provided	Req'd	provided	Req'd	provided
Total Number of Fixtures											
Number of Accessible Fixtures											

Unisex Toilet (per IBC 1109.2.1)	Required		Equally divide the plumbing occupant load between male and female for determining the number of required plumbing fixtures
	Provided		
Number of Drinking Fountains	Required		
	Provided		
	Accessible		

SECTION 6 – OFF-STREET PARKING

LDC Section 6.3

USE TYPE (per LDC 6.3)	**Minimum Parking Required (per LDC 6.3)**	**Amount Provided**

TOTAL PARKING REQ'D		**TOTAL PARKING PROVIDED**	

ADA PARKING (per IBC Table 1106.1)

TOTAL ADA PARKING REQ'D		**TOTAL ADA PARKING PROVIDED**	

ARIZONA REGISTRAR OF CONTRACTORS FORM

Building Permit #:_____

I am currently a licensed contractor: (Please Print Name)_____

License No. ROC: _____ License Class: _____

Signature: _____ Date: _____

I will be using the following licensed contractors on this project:

_____ License No. ROC _____ Class _____
(General Contractor)

_____ License No. ROC _____ Class _____
(Mechanical Contractor)

_____ License No. ROC _____ Class _____
(Electrical Contractor)

_____ License No. ROC _____ Class _____
(Plumbing Contractor)

EXEMPTION FROM LICENSING

I am exempt from Arizona contractors' license laws on the basis of the license exemptions contained in A.R.S. Sec. 32-1121A., namely:

☐ A.R.S. Sec. 32-1121A.5 – I am the owner/builder of the property and the property will not be sold or rented for at least one year after completion of this project.

☐ A.R.S. Sec. 32-1121A.6 – I am the owner/developer of this property and I will contract with a licensed general contractor to provide all construction services. All contractors' names and license numbers will be included in all sales documents.

☐ Other –_____

I understand that the exemption provided by A.R.S. Sec. 32-1121A.14 (the Handyman Exemption) does not apply to any construction project which requires a building permit and/or the total cost of materials and labor are $750 or more.

_____	_____	_____
Signature	**Printed Name**	**Date**

Falsification of information on this document for the purpose of evading State licensing laws is a Class II misdemeanor pursuant to A.R.S. Sec. 13-2704.

City of Prescott
City Utility Tie-in Application
Public Works Department

201 S. Cortez St., Prescott, AZ 86303
Phone: (928)777-1269 Fax: (928)777-1251

Permit No:

Project Address:	Assessor's Parcel #	Reimbursement District:
City of Prescott: ☐	Yavapai County: ☐	Chino Valley: ☐
Water Meter: ☐ New: ☐ Upsize: ☐ Box/Yoke: ☐ New: ☐ Upsize: ☐ Water Tap: ☐ Sewer Tap: ☐	Currently on: Well (ADWR): ☐ No services: ☐ Septic (YC): ☐	Building Permit #: Right-of-Way Permit #: WSA #:
Description of Work:		

APPLICANT/CONTACT:			Phone:
Address:		Email Address:	
City:	State:	ZIP:	
OWNER:			Phone:
Address:		Email Address:	
City:	State:	ZIP:	
CONTRACTOR:			Phone:
Address:		Email Address:	
City:	State:	ZIP:	
ROC Lic#:	Sales Tax #:	State Tax #:	

MISCELLANEOUS PERMIT REQUIREMENTS:

1. City of Prescott utility staff shall install meter, box/yoke, water tap, and sewer tap.
2. Right of Way permit may be required for trenching in the City Right of Way.
3. Proof of approved Yavapai County or Chino Valley building permit is required.
4. If currently on a well or septic system, proof application for abandonment is required.
5. Building plans are to be submitted for use in filling out the City of Prescott Fixture Count Sheet.
6. The required water meter size is based on the 2012 International Plumbing Code; Table E103.3(2)

CITY OF PRESCOTT
PUBLIC WORKS DEPARTMENT
201 S. Cortez Street, Prescott, AZ 86303 (928) 777-1269

Water and Wastewater Fees

Permit #: _____ **Existing Meter Size (**if applicable**):** _____

Job Address/Parcel Number: _____

Project/Owner Name: _____

Commercial Fixture Tabulation Sheet

Please enter the total number of existing and new fixtures by the type of fixture indicated below. Note: *Bathroom Group may only be used for Multi-Family Residential, defined as (3) or more units on the same meter or parcel of land.*

TYPE OF FIXTURE	TOTAL NUMBER OF FIXTURES (INCLUDING EXISTING)		FIXTURE UNITS ASSESSED *		TOTAL NUMBER OF FIXTURE UNITS
Bathroom Group (flush tank) (Multi-family Only)		X	3.60	=	
Bathroom Group (flushometer valve) (Multi-family Only)		X	8.00	=	
Bathtub		X	4.00	=	
Drinking Fountain (each head)		X	0.25	=	
Kitchen Sink		X	4.00	=	
Lavatory (bathroom sink)		X	2.00	=	
Service Sink		X	3.00	=	
Shower (stand alone)		X	4.00	=	
Urinal (1" flushometer valve)		X	10.00	=	
Urinal (3/4" flushometer valve)		X	5.00	=	
Urinal (flush tank)		X	3.00	=	
Washing Machine (8lb)		X	3.00	=	
Washing Machine (15lb)		X	4.00	=	
Water Closet (flushometer valve)		X	10.00	=	
Water Closet (flush tank)		X	5.00	=	
Water Closet (flushometer tank)		X	2.00	=	
			TOTAL NUMBER OF FIXTURES	=	

*Per 2012 International Plumbing Code; Table E103.3(2)

Effective August 1, 2014 the City of Prescott implemented a new Impact Fee structure. Assessment of Impact Fees for water and wastewater service is currently based on the service area or combination of service area(s) for each individual parcel based on its location. To estimate impact fees for City of Prescott water and wastewater service go to the on-line Impact Fee Estimator located at www.prescott-az.gov/services/building/impact-fees.php . An assessor's parcel number is required to use the estimator. For all other questions, call the Public Works Department at 928-777-1269.

_____ _____ _____

Signature **Printed Name** **Date**

FOR OFFICIAL USE ONLY

WATER METER FEES								
Meter Size Required (Please check one)	☐ **5/8"**	☐ **1"**	☐ **1 ½"**	☐ **2"**	☐ **3"**	☐ **4"**	☐ **6"**	☐ **All Others**
Meter Fee *	$ 208.00	$ 262.00	$ 380.00	$ 503.00	$ 1,714.00	$ 2,633.00	$ 3,706.00	Cost plus 10%
8.35% Tax – Meters Only	$ 17.37	$ 21.88	$ 31.73	$ 42.01	$ 143.12	$ 219.86	$ 309.46	8.35% of Cost
TOTAL WATER METER FEE	**$225.37**	**$283.88**	**$411.73**	**$545.01**	**$1,857.12**	**$2,852.86**	**$4,015.46**	

* Fee assumes that box & yoke to be installed by contractor or that an existing box & yoke is present. If not, additional fees will apply.

Check Box if Applies	ADDITIONAL SERVICE CHARGES	COST	
	Sewer Tap	$ 316.00	
	Water Tap	2" or less = $ 242.00	Greater than 2" = $ 517.00
	New water service, includes box and yoke (Single Family Residential only)	ESTIMATE REQUIRED	
	Yoke Modification (*inside an existing box*)	ESTIMATE REQUIRED	

City of Prescott
Civil Grading/Underground Utility Permit Application
Public Works Department

201 S. Cortez St., Prescott, AZ 86303
Phone: (928)-777-1269 Fax (928) 777-1251

Project Address:	Assessor's Parcel #:	ENG PERMIT #:
Subdivision:		Lot#:
Description of Work:		
Water Line Linear Feet (LF): Sewer Line Linear Feet (LF):	Fire Line Linear Feet (LF): Paving Square Feet (SF)	Grading Cubic Yards (CY): CY of Cut: CY of Fill:
Approximate Acreage to Be Disturbed By Grading:	Engineer's Estimate TOTAL Cost:	Right-of-Way Permit #: Building Permit #:
Location (Address or APN) That Either Fill Material Originated AND/OR Excess Cut Material Will be Placed and Associated Permit #:		
Geotechnical Engineer:	If Blasting, Provide Contractor: (Fire Department Approval Required)	

APPLICANT/CONTACT:		Phone:
Address:		Email Address:
City:	State:	ZIP:
OWNER:		Phone:
Address:		Email Address:
City:	State:	ZIP:
ENGINEER/ARCHITECT		Phone:
Address:		Email Address:
City:	State:	ZIP:
EXCAVATING CONTRACTOR:		Phone:
Address:		Email Address:
City:	State:	ZIP:
Lic#:	City T&P Tax #:	State Tax #:

Public Works Department

433 N. Virginia Street
Prescott AZ 86301
928-777-1130

Public Works Residential Inspection Deposit Form

THIS FORM MUST BE SUBMITTED WITH THE ENGINEER'S ESTIMATE

Permit #: _____ **Project Name**: _____

☐ Engineer's Estimate Attached

	INSPECTION TYPE	HOURS		DAYS OF CONSTRUCTION		TOTAL HOURS
Single Lot – Service Connection	Water Tap	4	X	1	=	4
	Sewer Tap	4	X	1	=	4
	Water Main	1	X		=	
	Sewer Main	1	X		=	
Subdivision – 2- 20 lots	Water Main	1	X		=	
	Sewer Main	1	X		=	
	Street	1	X		=	
	Storm Drain	1	X		=	
Subdivision – 21-100 lots	Water Main	2	X		=	
	Sewer Main	2	X		=	
	Street	2	X		=	
	Storm Drain	1	X		=	
Subdivision - Over100 lots	Water Main	4	X		=	
	Sewer Main	4	X		=	
	Street	4	X		=	
	Storm Drain	1	X		=	
OTHER INSPECTIONS			X		=	
			X		=	
			X		=	
				TOTAL ESTIMATED INSPECTION HOURS		

TOTAL ESTIMATED INSPECTION HOURS:	X	$75.00 PER HOUR	=	$	**TOTAL PW INSPECTION DEPOSIT**

This document is an estimate of the number of hours of Public Works inspection that would be necessary for the installation of public infrastructure contained within the Engineer's Estimate (attached). I understand that the cost of PW Inspection services is based on an adopted hourly rate and the fee assessed will be based on the hours of inspection provided. Surplus of deposit monies at the conclusion of the project will only be refunded to the person/entity that paid the deposit. Payment of additional PW inspection deposit or fee may be required if additional inspections are performed.

_____ _____ _____

Signature (Contractor/Owner) **Printed Name** **Date**

For City Use Only	
Approved by:	Date:

Public Works Department

433 N. Virginia Street
Prescott AZ 86301
928-777-1130

Public Works Commercial Inspection Deposit Form

THIS FORM MUST BE SUBMITTED WITH THE ENGINEER'S ESTIMATE

Permit #: _____ Project Name: _____

☐ Engineer's Estimate Attached

	INSPECTION TYPE	HOURS		DAYS OF CONSTRUCTION		TOTAL HOURS
Single Lot –Service Connection	Water Tap	4	X	1	=	4
	Sewer Tap	4	X	1	=	4
	Water Main	1	X		=	
	Sewer Main	1	X		=	
Subdivision – 2-5 lots	Water Main	1	X		=	
	Sewer Main	1	X		=	
	Street	1	X		=	
	Storm Drain	1	X		=	
Subdivision – 6-10 lots	Water Main	2	X		=	
	Sewer Main	2	X		=	
	Street	2	X		=	
	Storm Drain	1	X		=	
Subdivision - Over11 lots	Water Main	4	X		=	
	Sewer Main	4	X		=	
	Street	4	X		=	
	Storm Drain	1	X		=	
OTHER INSPECTIONS			X		=	
			X		=	
			X		=	
				TOTAL ESTIMATED INSPECTION HOURS		

TOTAL ESTIMATED INSPECTION HOURS:	X	$75.00 PER HOUR	=	$	**TOTAL PW INSPECTION DEPOSIT**

This document is an estimate of the number of hours of Public Works inspection that would be necessary for the installation of public infrastructure contained within the Engineer's Estimate (attached). I understand that the cost of PW Inspection services is based on an adopted hourly rate and the fee assessed will be based on the hours of inspection provided. Surplus of deposit monies at the conclusion of the project will only be refunded to the person/entity that paid the deposit. Payment of additional PW inspection deposit or fee may be required if additional inspections are performed.

_____ _____ _____

Signature (Contractor/Owner) **Printed Name** **Date**

For City Use Only	
Approved by:	Date:

COMMERCIAL & MULTI-FAMILY
CIVIL PLAN REVIEW SUBMITTAL CHECKLIST

BLDG/ENG Permit #: _____ **Pre-Application Meeting #:_____**

THIS FORM MUST BE SUBMITTED WITH FIRST PLAN CHECK (Submit All Applicable Items)

Project Name: _____

Description of Work:_____

I certify that these plans include all items I have checked on this checklist, and were prepared per the development standards cited below. I understand that the plans may not be accepted if I have failed to provide this information.

_____ _____ _____

Signature (of preparer of plans) **Registration number (if applicable)** **Date**

Req'd	Rec'd	# of Sets	**GENERAL SUBMITTAL GUIDELINES**
			We have prepared our plans and submittal in conformance with the "Improvement Plan Check Policies and Guidelines" and the City Drainage Criteria Manual dated _____. (The latest edition of the "Guidelines" may be obtained from the City Public Works Department or downloaded from the Land Development Code website @ www.cityofprescott.net
☐	☐	2 Sets	24"x36" Drainage Plans
☐	☐	2 Sets	24"x36" Water and Sewer Plans **(for mainlines off-site and within a commercial site)**, including service & meter size, fire lines, water backflow, PRV, and sewer backwater.
☐	☐	2 Sets	Water and Sewer Reports (**for public main extensions)**
☐	☐	2 Sets	24"x36" Landscaping Plans
☐	☐	2 Sets	24"x36" Grading Plan and Erosion Control Plan/SWPPP. (120% financial assurances are required for slope stabilization (per LDC 6.7.7), SWPPP Binder, and ADEQ NOI are required prior to issuance of a grading permit.)
☐	☐	2 Sets	Drainage Report with Hydraulic Calculations, and Hydrological Maps
☐	☐	2 Sets	Geotechnical Report including R-Value
☐	☐	1 Set	Electronic copy of all submitted items (in pdf. Form)
☐	☐	2 Sets	Corresponding Pre-Application Conference Letter
☐	☐	1 Set	Construction Cost Estimate (using City of Prescott forms and most current unit prices) with Plan Check Fee Calculation Sheet **(for water/sewer main line and fire line extensions only)**

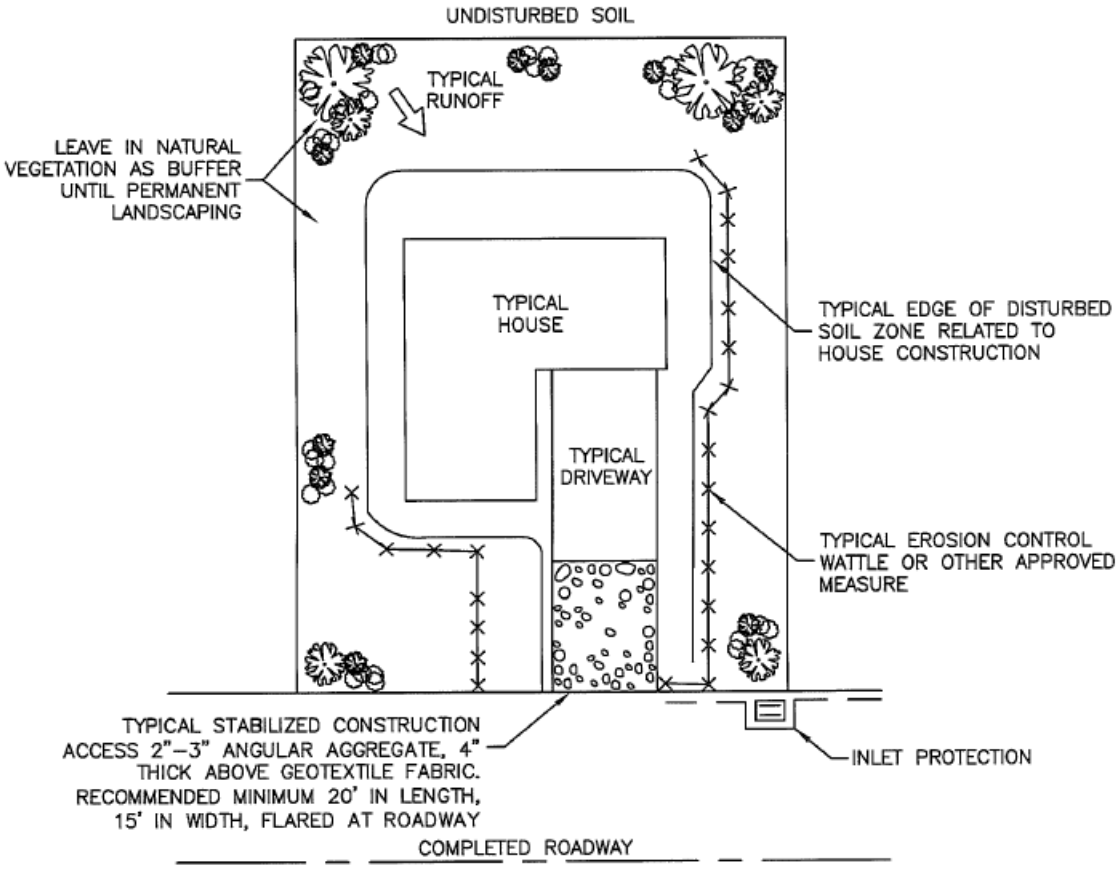
ALL ENGINEERING PLAN SHEETS SHALL INCLUDE:

1. Date plans are prepared. Scale of Plan with North arrow.
2. Engineer's firm, address and phone number in block provided. Self-adhesive label is not acceptable.
3. Survey datum: List at least two control points with coordinates and elevations on City of Prescott datum and ties. Refer to Prescott Land Development Ordinance 9.10.10 for details.
4. Revision Box
5. Quantities Box: Final quantities must be listed on either the title sheet or second sheet, showing as a minimum street footage per street with totals per project, water line and sewer line linear feet, fire hydrants, storm drains, water & sewer taps, earthwork, on the as-built as quantities may change from beginning of project to completion.
6. Signature block normally says "Approved By". For "As Built" plans, the signature block should say "Reviewed By" with date. In large lettering write “AS BUILT” near the title block, if the plans are “As Built” plans – Each Sheet.
7. Grading Plan shall be included with first plan submittal.
8. The SWPPP and NOI submittal shall be included with the Grading Plan submittal.

RESUBMITTALS

1. Two (2) sets of revised plans/reports
2. One (1) electronic submittal or revised plans/reports
3. All of the previous redlined/returned check plans/reports
4. If submittals beyond the second review set contain issues that have not been satisfactorily addressed, Engineering Services may call a meeting with the Engineer and the Developer to resolve the issues prior to continuing the plan review process.

Copies of all standards, manuals and City Plan Checking “Checklists” are available to the public for a nominal printing charge at the Engineering Services Department, and on the City’s website at www.cityofprescott.net.



NOTES:

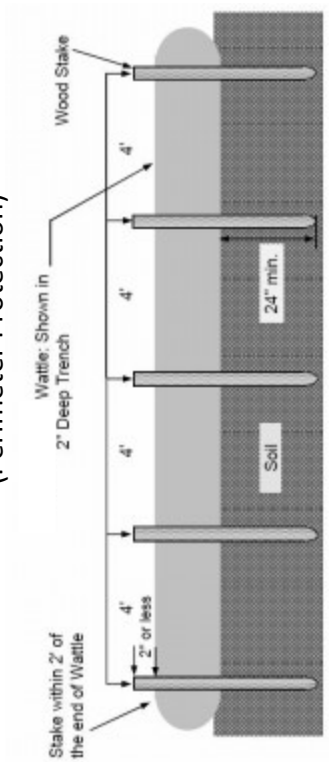
1. DEPENDING ON CONTRACTORS PRACTICES, THESE MEASURES MAY BE VARIED WITH APPROVAL FROM THE CITY ENGINEER OR DESIGNEE.
2. CONTRACTOR SHALL CONFORM TO ALL EROSION PREVENTION AND SEDIMENT CONTROL NOTES AND DETAILS.
3. PERIMETER PROTECTION IS REQUIRED ON THE DOWN STREAM SIDE OF THE LOT OR DISTURBED AREAS.
4. CONSTRUCTION ACCESS MAY BE SIZED TO FIT THE SITE, OR A COMBINATION OF OTHER CONTROL MEASURES MAY BE USED TO PREVENT TRACK OUT WITH APPROVAL FROM THE CITY ENGINEER OR DESIGNEE.
5. STOCKPILES MUST BE LOCATED AWAY FROM PAVED AREAS AND DRAINAGE FACILITIES AND MUST HAVE PERIMETER PROTECTION. DURING WET SEASONS, ADDITIONAL CONTROL MAY BE REQUIRED AT THE DISCRETION OF THE CITY ENGINEER OR DESIGNEE.
6. EROSION & SEDIMENT CONTROL MEASURES MUST BE MAINTAINED AND FUNCTION DURING CONSTRUCTION ACTIVITY.

N.T.S.

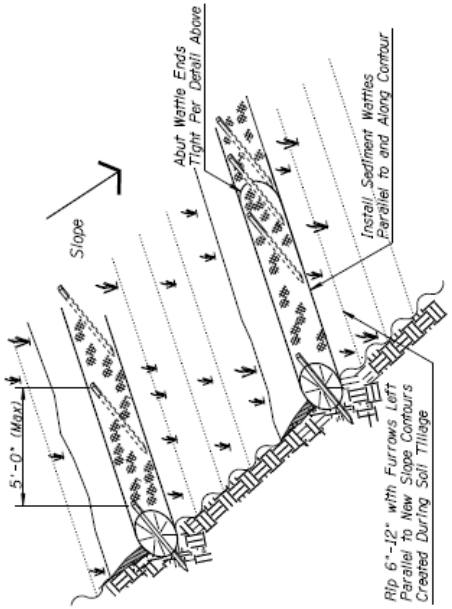
SCOTT TKACH, P.E. 11–13–13 CITY ENGINEER DATE	SAMPLE SINGLE FAMILY SITE EROSION CONTROL DETAIL	CITY OF PRESCOTT PUBLIC WORKS STANDARD DETAIL	XXX REV XX–XX

Sediment Wattle Detail

(Perimeter Protection)

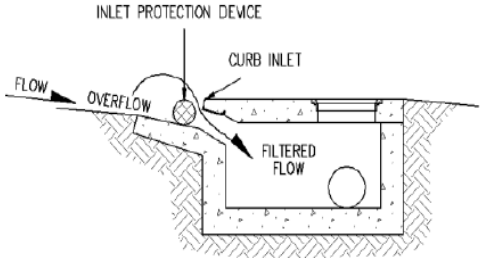


(Slope Protection)

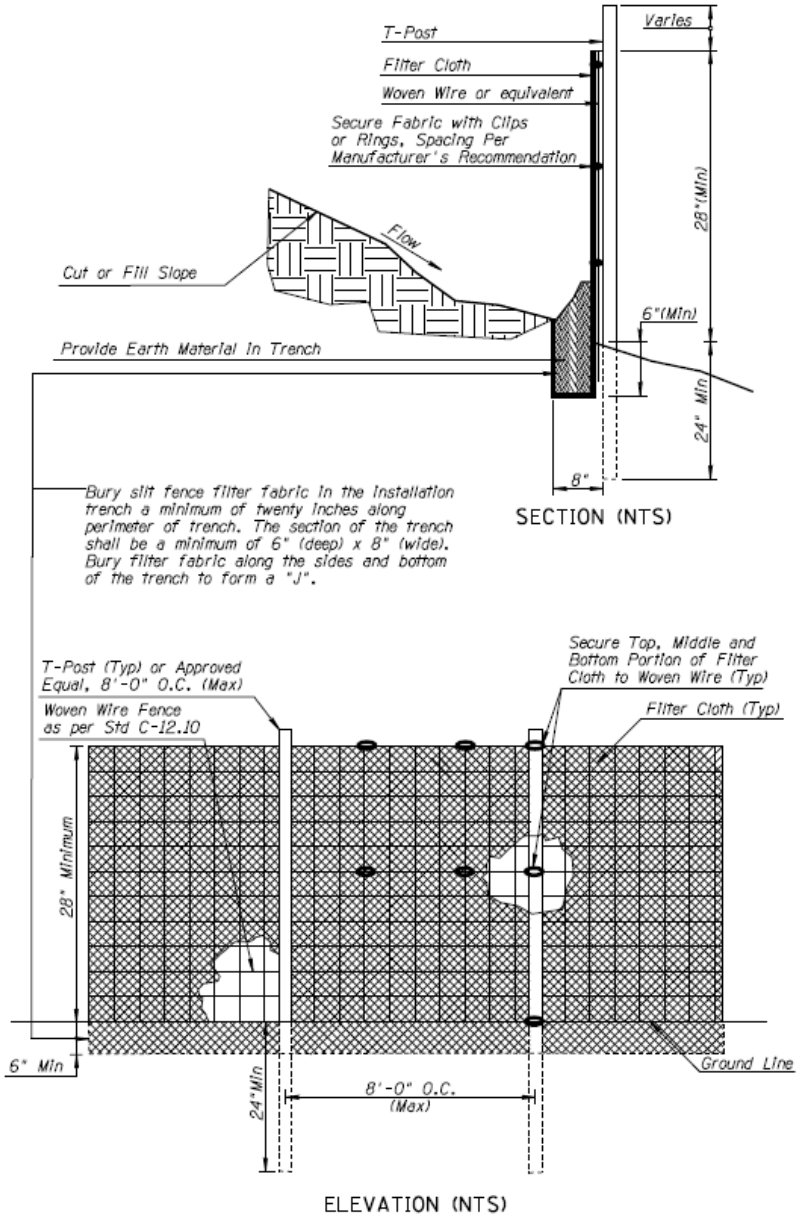


WATTLE SPACING INTERVALS	
Slope Ratio (H:V)	Maximum Spacing Interval
2:1	10'
3:1	20'
4:1	30'
5:1	40'
6:1	40'

Inlet Protection Detail



Silt Fence Detail



FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) QUESTIONNAIRE

Building Permit #: _____

Applicant/Owner Name: _____

Site Address: _____

Description of Work:_____

Assessor's Parcel Number(s) (APN): _____

Subdivision Name: _____ Lot/Unit Number: _____

1. Is this property located in a Special Flood Hazard Area (SFHA)? _____ Yes _____ No

   If yes, what SFHA Zone is the property in? _____ AE _____ A

   If no, please skip to the signature portion of this form at the bottom of the page. No further information is necessary.

2. Are you building a new structure or an addition to an existing structure which would increase the building footprint? If yes, please enter total square footage: _____

3. Are you remodeling an existing structure? If yes,

   What is the value of the existing structure? $_____

   What is the value of the remodel work? $_____

I/We understand that if any portion of the above mentioned parcel(s) is located in the Special Flood Hazard Area (SFHA) I am required to submit both an "Under Construction Elevation Certificate" prior to the Under Slab Combination Inspection and a "Completed Elevation Certificate" prior to the building final inspection. No Certificate of Occupancy may be issued by the City without these documents being submitted and approved by the City of Prescott.

_____ _____

Signature Date