



**CITY OF PRESCOTT
COMMERCIAL SUBMITTAL LIST**

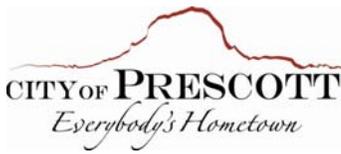
2006 INTERNATIONAL CODES

Required

- Permit Application
- Deposit \$_____

**DEPOSIT DUE UPON SUBMITTAL
CONTACT BUILDING DEPARTMENT AT
777-1356
FOR DEPOSIT AMOUNT**

- Commercial Plan Review Submittal Checklist
- Arizona Registrar of Contractors Form
- Commercial Sewer and Water Fixture Tabulation Sheet
- 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



**City of Prescott
Permit Application**

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

Permit No: _____
Address: _____

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| Project Address: | | | | | | | |
| Assessor's Parcel #: | | Subdivision: | | Lot #: | | | |
| Description of Work: | | | | Value of Work: \$ | | | |
| Type of Permit | | <input type="checkbox"/> BLDG | | <input type="checkbox"/> PLUMB | | | |
| | | <input type="checkbox"/> RES/COMBO | | <input type="checkbox"/> COMM/COMBO | | | |
| | | <input type="checkbox"/> DEMO | | <input type="checkbox"/> SIGN | | | |
| | | <input type="checkbox"/> MECH | | <input type="checkbox"/> ELECT | | | |
| | | <input type="checkbox"/> MOBILE | | <input type="checkbox"/> COMM T.I. | | | |
| | | <input type="checkbox"/> RES/ADD | | <input type="checkbox"/> ACC STRUC/FENCE Over 4 ft | | | |
| Options: | | | | Utilities: | | | |
| | | | | <input type="checkbox"/> Water | | <input type="checkbox"/> Electric | |
| | | | | <input type="checkbox"/> Gas | | <input type="checkbox"/> Sewer | |
| # of Dwelling Units: | | # of Stories: | | Construction Type: | | | |
| Occupancy Type: | | APPLICANT/CONTACT: | | | | | |
| Address: | | | | Phone: | | | |
| City: | | | | State: | | | |
| Address: | | | | Email Address: | | | |
| City: | | | | Zip: | | | |
| OWNER: | | | | Phone: | | | |
| Address: | | | | Email Address: | | | |
| City: | | | | State: | | | |
| Address: | | | | Email Address: | | | |
| City: | | | | Zip: | | | |
| CONTRACTOR: | | | | Phone: | | | |
| Address: | | | | Email Address: | | | |
| City: | | | | State: | | | |
| Address: | | | | Email Address: | | | |
| City: | | | | Zip: | | | |
| Lic#: | | Sales Tax #: | | State Tax #: | | | |
| ENGINEER (Civil): | | | | Phone: | | | |
| Address: | | | | Email Address: | | | |
| City: | | | | State: | | | |
| Address: | | | | Email Address: | | | |
| City: | | | | Zip: | | | |
| Lic#: | | Sales Tax #: | | State Tax #: | | | |
| <p>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 ARS 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.</p> | | | | | | | |
| Owner/Contractor: | | | | Date: | | | |



CITY OF PRESCOTT

COMMUNITY DEVELOPMENT DEPARTMENT
 BUILDING SAFETY DIVISION
 201 S. Cortez, Prescott, AZ 86301 (928) 777-1356

COMMERCIAL PLAN REVIEW SUBMITTAL CHECKLIST

Building Permit #: _____

| | | | |
|--|--|-----------------------|--|
| | GENERAL: | | PLUMBING |
| | 1. Completed application(s) | | 1. Plumbing floor plan |
| | 2. One (1) copy of the PAC letter | | 2. Fixture count and description |
| | 3. Three (3) sets of Civil Plans & Reports | | |
| | 4. Two (2) sets of Architectural Plans | | |
| | 5. Eleven (11) sets of the site plan | | |
| | 6. Submittal Fee | | |
| | 7. FEMA Questionnaire | | |
| | BUILDING: | | ELECTRICAL PLAN: |
| | 1. Plans are complete | | 1. Floor plan depicting complete electrical |
| | 2. Architect stamp | | 2. Building lighting cut sheets (when required) |
| | 3. Engineer stamp | | 3. Photo metrics (when required) |
| | 4. Three (3) sets soils investigation report | | |
| | 5. Two (2) sets engineering calculations (if applicable) | | |
| | 6. Two (2) sets project manuals (if applicable) | | |
| | 7. Two (2) sets truss specifications (can be a deferred submittal) | | |
| | 8. Metal building plans & specifications, (if applicable) | | |
| | | | |
| | MECHANICAL: | | |
| | 1. Mechanical floor plan | | |
| | 2. Equipment listed and sized | | |
| | | | |
| SQUARE FOOTAGE AND PERCENTAGE OF EXPANSION FOR: | | | |
| | Building Area | Site Area | Parking Spaces |
| Existing | | | |
| Proposed | | | |
| Expansion % | | | |
| COMMENTS: | | | |
| | | | |
| | | | |
| | | | |
| REVIEWED BY: | | SUBMITTAL FEE: | |
| _____ | | \$ _____ | |

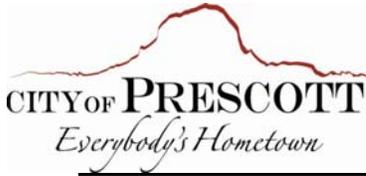
*Site plan approvals will be required prior to issuance of permit

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



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 – _____

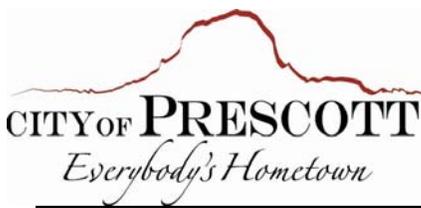
I understand that the exemption provided by A.R.S. Sec. 32-1121A.14 (the Handyman Exemption) does not apply to any construction project which requires a building permit or the total cost of materials and labor are \$1000.00 or more.

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.



Commercial Sewer and Water Fixture Tabulation Sheet

Building Permit #: _____

Job Address: _____

Project/Owner Name: _____

Please enter the total number of "New" and "Removed" fixtures by the "Type of Fixture" indicated below.

| SEWER FIXTURE COUNT – COMMERCIAL | | | | | | | |
|---|-------------------------------|--------------------------|---|------------------------|---|-----------------------|---------------------|
| TYPE OF FIXTURE | NUMBER OF "EXISTING" FIXTURES | NUMBER OF "NEW" FIXTURES | | FIXTURE UNITS ASSESSED | | FIXTURE UNITS REMOVED | TOTAL FIXTURE UNITS |
| Bar Sink | | | X | 2 | - | | |
| Bathtub | | | X | 4 | - | | |
| Dental Unit or Cuspidor | | | X | 1 | | | |
| Drinking Fountain (each head) | | | X | 1 | | | |
| Laundry Tub | | | X | 4 | - | | |
| Clothes Washer | | | X | 4 | - | | |
| Jumbo Clothes Washer | | | X | 6 | - | | |
| Lavatory (dental) | | | X | 1 | | | |
| Shower (stand alone shower) | | | X | 4 | - | | |
| Kitchen Sink | | | X | 4 | - | | |
| Dishwasher | | | X | 4 | - | | |
| Sink (flushing rim, clinic) | | | X | 10 | | | |
| Sink (janitor) | | | X | 2 | | | |
| Sink (wash-up, circular spray) | | | X | 4 | | | |
| Sink (lavatory) | | | X | 2 | - | | |
| Urinal (pedestal or similar type) | | | X | 10 | | | |
| Urinal (stall or wall) | | | X | 5 | | | |
| Urinal (flush tank) | | | X | 3 | | | |
| Water Closet (flush tank toilet) | | | X | 5 | - | | |
| Water Closet (flushometer valve) | | | X | 10 | - | | |
| Floor Drain/Sink (2", 3" or 4") | | | X | 4 | - | | |
| TOTAL NUMBER OF NEW SEWER FIXTURES | | | | | | | |

1. \$56.00 (each fixture unit)

| WATER FEES | | | | | |
|--|-------------------------------------|-----------------------------|---------------------------------|-----------------------------|-------------------------------------|
| (Includes Water Meter Fees, Water Development Fees and System Impact Fees) | | | | | |
| Meter Size | <input type="checkbox"/> 5/8"x 3/4" | <input type="checkbox"/> 1" | <input type="checkbox"/> 1 1/2" | <input type="checkbox"/> 2" | <input type="checkbox"/> All Others |
| Meter Fee * | \$ 220.00 | \$ 400.00 | \$ 800.00 | \$ 1,000.00 | Cost plus 10% |
| 9.35% Tax for Meters Only | \$ 20.57 | \$ 37.40 | \$ 74.80 | \$ 93.50 | 9.35% of Cost |
| Development Fees | \$4,944.71 | \$ 8,257.73 | \$16,465.84 | \$26,355.26 | |
| System Impact Fees | \$5,389.02 | \$ 8,999.71 | \$17,945.39 | \$28,723.43 | |
| Water Service Permit Fee | \$ 5.00 | \$ 5.00 | \$ 5.00 | \$ 5.00 | |
| TOTAL WATER FEES | \$10,579.30 | \$17,699.84 | \$35,291.03 | \$56,177.19 | |

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

Signature

Printed Name

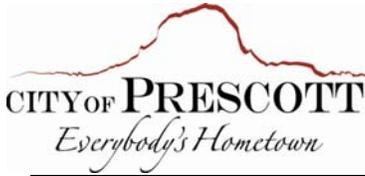
Date

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.

Two (2) sets of revised plans, along with the previous redlined check prints, shall be submitted directly to the Community Development Department for all re-submittals. 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.



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 properties if any portion of the above mentioned parcel 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 shall be issued by the City without these documents being submitted and approved by the City of Prescott.

Signature Date

| | |
|--------------------------------|--------------------------|
| For Office Use Only | |
| FEMA Designation | _____ A _____ AE _____ X |
| Elevation Certificate Required | _____ Yes _____ No |
| Elevation Certificate Received | _____ |
| Reviewer Name: | _____ Date: _____ |