

TOWN
Of
PARADISE VALLEY



Building Safety Department
6401 E Lincoln Dr
Paradise Valley, AZ 85253
(480) 348-3692
(480) 443-3236 Fax

Building Permit Application

Date: _____ Application / Permit #: _____

Job Site Information

Address: _____ Hillside: (____) Yes (____) No

Assessor Parcel Number (APN): _____ - _____ - _____ Zoning: _____

Subdivision Name: _____ Lot #: _____

Property has: (____) Variance? (____) Special Use Permit? (____) Stop Work Order?

Owner Information

check here if owner/builder (see pg 2)

Owner Name: _____ Phone: _____

Address (if different): _____

City: _____ State: _____ Zip Code: _____

Applicant Information

Applicant's relationship to owner: Agent Architect/Designer Contractor Other: _____

Applicant Name: _____ Phone: _____

Email: _____

Address (if different): _____

City: _____ State: _____ Zip Code: _____

Contractor Information

Company Name: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____

ROC License No.: _____ AZ Sales Tax ID: _____

I hereby certify that the above information is true and accurate. I further certify that I will comply with all Federal, State, County and Town laws relating to building construction.

OWNER OR AUTHORIZED AGENT SIGNATURE authorization letter for agent
if value > \$25,000

Type of Improvement: (____) New Residence (____) Remodel (____) Addition (____) Accessory (____) Other: _____

Specify work: _____

Value: \$ _____ Permit Fee: _____

FCV: \$ _____ Plan Review Fee: _____

STAFF USE ONLY: Hillside Approval: _____ Date: _____ Review Fee: _____

Final Inspection Required: Yes / No Assurance Required: Yes / No Assurance Amount: _____

A separate application is required for each type of structure (i.e. SFR, Guest House, Ramada, Fountain, Fence, etc). Since permits are only valid for 180 days, not all applications should be made at the same time.

Owner/Builder projects must be solely for occupancy by the owner and not intended for and not intended for sale or rent within one year after completion or issuance of a certificate of occupancy. (A.R.S. § 32-1121)

_____ **Engineering Requirements:** A Grading and Drainage Plan sealed by a Civil Engineer registered in AZ will be required on a SFR or where 1,000 sf or more of impervious area is added or if the value of the work is greater than \$500,000. Where the scope of work is 300 sf or more of impervious area a G&D plan may be required. See separate Engineering Checklist.

_____ Written authorization required for anyone acting as an agent for the owner of the property (Value >\$25k).

_____ Demolition Permit is required any time more than 12 linear feet of wall, fence, roof or slab is removed.

_____ Contractor's Bond Exemption Certificate for new SFR or MRRA > 25% of FCV.

_____ Dust Control Plan (attached) is req'd if the area disturbed is equal to or less than 0.10 acre.

_____ Dust Control Permit from Maricopa County Air Quality Department is req'd if disturbance > 0.10 acre.

Sewer Options	<input type="checkbox"/> Septic	Maricopa County permit/approval req'd for new SFR, new fixtures or bedrooms; or
	<input type="checkbox"/> Phoenix	City of Phoenix sewer fee receipt for new sewer service; or
	<input type="checkbox"/> Existing PV	Written verification of water meter size and installation date; or
	<input type="checkbox"/> New PV	Application/Information sheet to be filled out and sewer development fees paid.

_____ Two sets of stapled plans are required at initial submittal. Two (2) sets of corrected plans and the originally redlined plans are required at resubmittal. Minimum plan size is 24" x 36". Plans must be drawn to scale and include:

- _____ Site Plan (may be the G & D) with all existing ROW(s), washes & easements with dimensions.
- _____ Open Space Criteria Site Plan with Control Points and related Roof Elevations (if required).
- _____ Foundation Plan with details. Show sizes, depth and reinforcing bars.
- _____ Floor Plan with dimensions and square footage. Heating & cooling equipment per Manual S / J.
- _____ Elevations shown from **LOWEST NATURAL GRADE (LNG)**, not from Finished Floor (FF).
- _____ Plumbing with isometrics (waste & vent, gas, water) & water fixture unit calcs (w/ meter size).
- _____ Electric Plan (may be on Floor Plan) with one line diagram and load calcs.
- _____ Attic ventilation calcs and locations unless attic/rafter space is within building thermal envelope.
- _____ Complete Roof and Floor (if applicable) Framing Plan.
- _____ One (1) set of truss calcs and truss layout or completed truss deferral form.

_____ For all new SFR regardless of value and for projects with a value of \$500,000 or greater;

- _____ Two (2) sets of Native Plant Preservation Plan with attachments.
- _____ A "Release and Indemnity Agreement" is required if the site is in an area of low water pressure.
- _____ One CD-R (non-rewritable format) or USB flash drive in Adobe Reader / PDF format of G&D, floor plan, & exterior building elevations. **(SUBMITTED WHEN PERMIT IS ISSUED)**

Water Meter Size: _____ (Req'd if a new meter is installed or existing meter is upsized)

SETBACKS OF STRUCTURE(S) MEASURED FROM PROPERTY LINE				
	SFR	Accessory	Accessory	Other
Front	_____ (N, S, E, W)	_____	_____	_____
Rear	_____ (N, S, E, W)	_____	_____	_____
Side	_____ (N, S, E, W)	_____	_____	_____
Side	_____ (N, S, E, W)	_____	_____	_____
Height	_____	_____	_____	_____
FLOOR AREA RATIO = _____ % ZONING: _____ MULTI-FRONTAGE? Y / N				



Dust Control Plan

(for disturbed areas up to 4,356 square feet*)

Date: _____ Address: _____

Choose at least one measure per (lettered) category. (Must be done for the life of the project.)

EARTHMOVING

(It is always an option to cease operations to prevent dust.)

A) Grading / Demolition / Landscaping / Weed Control:

- Conduct watering as necessary to minimize visible emissions *(increase frequency in high winds).*
- Thoroughly wet the site to the depth of any cuts.

B) Trenching / Screening / Backfilling:

- Mist dust cloud resulting from trenching *(increase frequency in high winds).*
- Mist material after it drops from screen *(increase frequency in high winds).*
- Use water truck or large hose dedicated to trenching & backfilling operations.

SITE STABILIZATION / DISTURBED SURFACE AREA

A) Temporary Stabilization: *(Including weekends & holidays)*

- Water all areas at least twice a day until a crusted surface is formed.
- Apply chemical stabilizers.
- Additionally use wind fences / barriers / berms *(not allowed as a primary measure).*

When active operations will not occur for more than 15 days:

- Apply dust suppressants to all disturbed areas to maintain stabilization.
- Water all areas at least twice a day until a crusted surface is formed.
- Additionally install temporary coverings / enclosures *(not allowed as a primary measure).*

B) Final Stabilization: *Within 8 months after active operations have ceased:*

- Pave the affected area. Stabilize with gravel and/or recycled asphalt. Stabilize with vegetation.

C) Open Storage Piles:

- Apply chemical stabilizers.
- Apply water to the surface of areas of all open storage piles on a daily basis.
- Additionally install temporary coverings / enclosures *(not allowed as a primary measure).*

MATERIALS HANDLING / HAULING

A) Materials Handling:

- Thoroughly wet material prior to handling or loading.
- Water and/or mist material while loading to minimize visible emissions.

B) Hauling: All haul trucks must be effectively covered with a tarp or other suitable enclosure.

ROADWAYS / ACCESS POINTS

A) Unpaved haul / access roads / equipment paths: *Restrict vehicle speed to 15 mph.*

- Stabilize with gravel and/or recycled asphalt.
- Apply chemical dust suppressants to maintain surface stabilization.
- Water all surfaces as needed to minimize visible emissions.

B) Access Points: *Vacuum or wet broom daily all dirt or mud on paved road.*

- Install a stabilized construction entrance / coarse gravel pad *(Required if any hauling on or off site).*
- Install a wheel washer.
- Limit, restrict and/or reroute motor vehicle access.

WATER SUPPLY

A) Availability: Water storage tank Metered hydrant Hose bibb Other: _____

B) Application: By water truck(s) # _____ gal/truck _____ By hoses By sprinklers

I hereby certify that I am familiar with the operations presented above and agree to conduct all operations in compliance with the above, with Maricopa County Rule 310 and with all applicable environmental regulations.

OWNER OR AUTHORIZED AGENT SIGNATURE

Printed Name & Title

*For disturbed areas greater than 4,356 sf (1/10th of an acre) a Maricopa County Earthmoving Permit is required.

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Washes, Retention Basins or Drainage Easements

Date: _____

Address: _____

Owner or Authorized Agent Name: _____

- Type of structure:
- Guest House (value < \$500,000)
 - Detached Accessory Structure (value < \$500,000)
 - Fence
 - Retaining Wall
 - Swimming Pool (> 18" deep)
 - Spa
 - Pond (< 18" deep)
 - Water Fountain
 - Water Feature
 - Mailbox
 - Barbeque
 - Bench Seat
 - Fireplace
 - Firepit
 - Tennis Court Net
 - Basketball Hoop Stanchion
 - Batting Cage
 - Other: _____

No excavation, filling, grading, dumping or building is allowed in a wash, retention basin or drainage easement.

I hereby certify that the proposed structure will not be located in any washes, retention basins or drainage easements.

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authorization letter for agent

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Authorization Letter

An Authorization Letter is required when the work is valued at greater than \$25,000 and the owner wishes to use an agent.

Date: _____

Job Site Address: _____

Owner's Name: _____

Owner's Address: _____

Agent's Name: _____

Agent's company name (if applicable): _____

- Type of construction:
- | | |
|---|--|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Guest House |
| <input type="checkbox"/> Detached Accessory Structure | <input type="checkbox"/> Remodel |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Retaining Wall |
| <input type="checkbox"/> Swimming Pool (> 18" deep) | <input type="checkbox"/> Spa |
| <input type="checkbox"/> Pond (< 18" deep) | <input type="checkbox"/> Pool Deck |
| <input type="checkbox"/> Water Fountain | <input type="checkbox"/> Water Feature |
| <input type="checkbox"/> Mailbox | <input type="checkbox"/> Driveway/Parking Area |
| <input type="checkbox"/> Barbeque | <input type="checkbox"/> Bench Seat |
| <input type="checkbox"/> Fireplace | <input type="checkbox"/> Firepit |
| <input type="checkbox"/> Tennis Court | <input type="checkbox"/> Batting Cage |
| <input type="checkbox"/> Basketball Hoop Stanchion | <input type="checkbox"/> Sport Court |
| <input type="checkbox"/> Other: _____ | |

I hereby certify that the above information is true and accurate. I further certify that I authorize the agent named above to obtain demolition and/or building permit(s) on my behalf for the work specified above.

OWNER'S SIGNATURE

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Home Owners Associations (HOAs) & HOA Codes, Covenants and Regulations (CC&Rs) Acknowledgment

Date: _____

Address: _____

Owner or Authorized Agent Name: _____

Please be advised that the subject property may be located within a community that is governed by a Homeowners Association. Although the Town of Paradise Valley does not enforce HOA rules and regulations, the subject property may be subject to HOA CC&Rs. If applicable, it is the property owner and/or applicant's responsibility to obtain any necessary approval(s) from the homeowners association before beginning work at the above referenced address.

I hereby certify that I acknowledge that the subject property may be governed by a HOA and may be subject to HOA approval(s).

OWNER OR AUTHORIZED AGENT SIGNATURE

authorization letter for agent

Square Footage Calculation Sheet

GRADING WORK

Cut _____ CY Fill _____ CY

Material to be hauled onto or off of the site: _____ CY

NEW RESIDENCE

Livable _____ SF Garage/Storage _____ SF

Patio/Porch/Carport _____ SF TOTAL NEW _____ SF

REMODEL / ADDITION OF MAIN RESIDENCE

New Livable _____ SF Existing Livable Remodel _____ SF

New Garage/Storage _____ SF Existing Garage Remodel _____ SF

New Patio/Porch/Carport _____ SF Garage to Livable Conversion _____ SF

TOTAL NEW _____ SF Carport to Garage Conversion _____ SF

DETACHED ACCESSORY STRUCTURE (i.e. GUEST HOUSE, GARAGE, RAMADA)

New Livable _____ SF Existing Livable Remodel _____ SF

New Garage/Storage _____ SF Existing Garage Remodel _____ SF

New Patio/Porch/Carport _____ SF Garage to Livable Conversion _____ SF

New Gazebo/Ramada _____ SF Carport to Garage Conversion _____ SF

TOTAL NEW _____ SF

NEW IMPERVIOUS SURFACES

FENCE / SITE WALLS

TOTAL NEW _____ LF

Uncovered Patio, Pool Deck, Driveway, Sport & Tennis Court, Sidewalk, etc _____ SF

DETACHED STRUCTURE CALCULATION

Detached Structures _____ SF

Ground Area of SFR _____ SF

Detached/SFR Ratio _____ %

(Ground Area of SFR = First Floor Livable + Covered Patios + Attached Garages)

(Detached Structures ÷ Ground Area of SFR = Detached/SFR Ratio)

FLOOR AREA RATIO (FAR) CALCULATIONS*

	EXISTING SF	NEW SF	TOTAL SF (Existing + New)
Main Residence*			
Detached Structures*			
Total (Main Residence & Detached Structures)			

(* in determining the Floor Area Ratio, all the area under the roof, including overhangs, must be used)

Total Existing & New _____ SF Total Lot Size _____ SF

Floor Area Ratio _____ % (Total Existing & New ÷ Total Lot Size = Floor Area Ratio)

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PARADISE VALLEY CONSTRUCTION SITE SECURITY CHECKLIST

This Construction Security Awareness Checklist is designed to help construction contractors and owners conduct a crime-risk awareness assessment for construction job sites to minimize and avoid thefts in neighborhoods. To enhance communications and foster better relations, a Paradise Valley Police Officer is available to review this checklist with the construction site contractor and manager, if desired.

If you have questions, please do not hesitate to call Community Resource Officer at 480-948-7418 or you can email CRO@paradisevalleyaz.gov. After receiving this checklist from Building Department, the Community Resource Officer will provide a copy to the Officer in the designated area. If there is an emergency, please dial 911. If it is a non-emergency, please dial 480-948-7418 at the Paradise Valley Police Department.

You are not expected to answer every question Yes. If the information does not exist or the Crime Prevention Coordinator has not completed the item or is not able to do so, just mark "No." This is an awareness checklist to help reduce crime on a jobsite, but it does not mean that every single item below needs to be checked "Yes" in order to begin work.

Thank you very much for partnering with the Town of Paradise Valley Police Department in keeping the Community a safer place, discouraging theft and individuals who will be looking for items to steal, and helping General Contractors and Subcontractors reduce theft of equipment and materials.

CONSTRUCTION SITE SECURITY CHECKLIST		
NO.	TOPIC	RESPONSE
	CRIME PREVENTION COORDINATOR ("CPC")	
1.	Please identify your construction site CPC and provide contact info. Name/Title of Crime Prevention Coordinator: _____ Job Site Address: _____ Email Address: _____ Cell #: _____ Work #: _____ Permit #: _____	Yes _____ No _____
2.	Is there a company contact for after hours? If other than CPC, please provide name and cell number: _____	Yes _____ No _____
3.	Is there a written job site security plan or checklist in place?	Yes _____ No _____
4.	Has the HOA or adjacent residents been included in the security plan or checklist?	Yes _____ No _____
5.	Does the CPC have contact information for the HOA or adjacent residents?	Yes _____ No _____
6.	Has the CPC completed crime prevention awareness training with the subcontractors and employees of the contractor?	Yes _____ No _____
7.	Did the CPC remind all employees of the subcontractors and general contractor to remind them that if they " See Something " they should " Say Something ?" and to call 911 or 480-948-7418 for non-emergencies.	Yes _____ No _____
	ASSET, PROPERTY IDENTIFICATION AND CAMERAS	
8.	Are all assets on the site engraved or marked? Items can be engraved with logos or names or even spray paint of a distinct color. Valuable equipment should be marked in hidden locations.	Yes _____ No _____
9.	Have you and your subcontractors and their employees photographed, recorded serial numbers, marked, and inventoried company and personal equipment?	Yes _____ No _____

10.	Are signs posted that state that all assets are marked and inventoried?	Yes _____ No _____
11.	Are cameras installed?	
12.	If cameras are installed, do you have notices posted that security cameras are watching the construction site?	Yes _____ No _____
INVENTORY CONTROL		
13.	Are materials and equipment checked frequently to ensure they have not been stolen or misplaced?	Yes _____ No _____
14.	Are deliveries of supplies or materials logged?	Yes _____ No _____
15.	Will appliance delivery be delayed until the structure can be locked?	Yes _____ No _____
16.	Are delivery vendors all identified and recorded by the construction site contractor? (eg, photo of license plate)	Yes _____ No _____
KEYS OR CODES		
17.	Are keys or codes issued only to those that need them, and a record maintained of those who have been assigned or provided keys or codes?	Yes _____ No _____
18.	Are all unused keys or codes secured?	Yes _____ No _____
19.	Have key or code control numbers been removed from padlocks or other locking devices?	Yes _____ No _____
20.	Have all employees of the general contractor and subcontractors been reminded to lock tool boxes and remove keys or codes?	Yes _____ No _____
21.	Do you have a Knox box or similar device so that first responders have access to the site in the event it is locked?	Yes _____ No _____
SITE SECURITY		
22.	Is perimeter fencing installed according to Town Code?	Yes _____ No _____
23.	Is the fence or other secured device around the perimeter inspected regularly?	Yes _____ No _____
24.	Are access points to the job site limited and secured?	Yes _____ No _____
25.	Is there a gate code? Is there an alarm? <u>Gate Code or other Locking Device Contact Information in the Event the Alarm Goes Off:</u> Name of Company or Person in charge of gates or codes: _____ Email Address: _____ Cell Number: _____ Work Number: _____	Yes _____ No _____ Yes _____ No _____
26.	Are "NO TRESPASSING" signs displayed in a prominent place on the fencing or on the perimeter of the construction site?	Yes _____ No _____
27.	Are there secured areas provided for tools and equipment?	Yes _____ No _____
28.	Are there GPS devices on any of the equipment, tools, or vehicles?	Yes _____ No _____
29.	Are there motion detection lights used on the construction site?	Yes _____ No _____

Thank you for your efforts to keep Paradise Valley safe and reduce thefts!