



CITY OF GLENDALE
 PLANNING & DEVELOPMENT SERVICES
 5850 W. GLENDALE AVE., 2ND FLOOR
 GLENDALE, AZ 85301
 623.930.2800
 www.GlendaleAZ.com

DATE STAMP:

PERMIT/PLAN REVIEW APPLICATION

SINGLE FAMILY RESIDENTIAL

DATE:		COG PROJECT NUMBER:		COG PERMIT NUMBER:	
PROJECT NAME:			PROJECT ADDRESS:		
PROJECT DESCRIPTION/SCOPE OF WORK:					
PARCEL NUMBER:		ZONING DISTRICT:		OCCUPANCY TYPE:	
SUBDIVISION:		CONSTRUCTION TYPE:			
FLOOD ZONE: _____ (If other than Zone X, plan must be reviewed by the Land Development Engineering)			LOT No.:		
UTILITY COMPANY:		SQUARE FOOTAGE:		CONSTRUCTION VALUATION:	
APPS		SRP		SWG	

APPLICANT NAME/LEGAL AGENT (If Applicable):	
MAILING ADDRESS:	
PHONE NUMBER:	EMAIL ADDRESS:

PROPERTY OWNER:	
MAILING ADDRESS:	
PHONE NUMBER:	EMAIL ADDRESS:

CONTRACTOR:		
MAILING ADDRESS:		
PHONE NUMBER:	EMAIL ADDRESS:	
AZ ROC NUMBER:	LICENSE CLASSIFICATION:	COG SALES TAX LICENSE No.:

PERMIT/PLAN TYPE (Check all that apply):	REVISION TO APPROVED PLAN: YES NO				
<u>SINGLE-FAMILY:</u>	NEW CUSTOMER HOME	REMODEL	ADDITION(S)	DEMOLITION	POOL
	GARAGE/CARPORT	SOLAR	ACCESSORY STRUCTURE	ABATEMENT PROPERTY No. _____	
	STRUCTURAL REPAIRS	FENCE/SCREEN WALLS	RETAINING WALLS	GAS	
	DEFERRED SUBMITTAL	FIELD REVISIONS	ELECTRICAL	OTHER/MISC: _____	

I (the undersigned) understand and agree that the issuance of the permit for which I am applying does not relieve me of the responsibility that this work will be done in conformity with the laws of the City of Glendale, Maricopa County and the State of Arizona. I further agree that the City of Glendale Development Service Department has the authority to enforce adopted building codes and regulations not indicated on the construction documents.

SIGNATURE:	PRINTED NAME:	DATE:
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