



CITY OF GLENDALE
 DEVELOPMENT SERVICES DEPARTMENT
 5754 W. GLENN DR.
 GLENDALE, AZ 85301
 623.930.2800
 www.GlendaleAZ.com

PERMIT/PLAN REVIEW APPLICATION

SINGLE FAMILY RESIDENTIAL

| | | | |
|---------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|------------------|
| PROJECT NAME: | | PROJECT ADDRESS (STREET, CITY, STATE, ZIP CODE): | |
| | | PARCEL NUMBER: | ZONING DISTRICT: |
| PROJECT DESCRIPTION/SCOPE OF WORK: | | | |
| CONSTRUCTION VALUATION*: | | CONSTRUCTION TYPE: | OCCUPANCY TYPE: |
| SUBDIVISION: | | | |
| UTILITY COMPANY: <input type="checkbox"/> APS <input type="checkbox"/> SRP <input type="checkbox"/> SWG | | CONSTRUCTION AREA (SF)**: | |

| | |
|----------------------------------------------------------|----------------|
| APPLICANT NAME/COMPANY NAME/LEGAL AGENT (If Applicable): | |
| MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE): | |
| PHONE NUMBER: | EMAIL ADDRESS: |

| | |
|--------------------------------------------------|----------------|
| PROPERTY OWNER NAME: | |
| MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE): | |
| PHONE NUMBER: | EMAIL ADDRESS: |

| | | |
|---------------------------------------------------------|-------------------------|----------------------------|
| GENERAL CONTRACTOR: | | |
| MAILING ADDRESS (STREET, SUITE, CITY, STATE, ZIP CODE): | | |
| PHONE NUMBER: | EMAIL ADDRESS: | |
| AZ ROC NUMBER: | LICENSE CLASSIFICATION: | COG SALES TAX LICENSE No.: |

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 Services Department has the authority to enforce adopted building and fire codes and regulations not indicated on the construction documents.

| | | |
|---------------|-------|------|
| SIGNATURE***: | DATE: | FEE: |
|---------------|-------|------|

- NOTES:
- * Construction Valuation shall include cost of material and labor for proposed work that is included in this application.
 - ** Provide area included for construction that is proposed in this application.
 - *** All applications will require a signature from the applicant prior to submittal acceptance (Digital Signature is acceptable)

| STAFF USE ONLY | |
|---------------------|--------------------|
| COG PROJECT NUMBER: | COG PERMIT NUMBER: |
| PLAN REVIEW FEES: | PERMIT FEES: |



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OWNER/BUILDER ADDENDUM FORM
 RESIDENTIAL PROJECTS ONLY

| | |
|---------------|--------------------------------------------------|
| DATE: | COG PERMIT NUMBER: |
| PROJECT NAME: | PROJECT ADDRESS (STREET, CITY, STATE, ZIP CODE): |

The undersigned applicant asserts that she or he is exempt from the original contractor licensing requirement of Arizona Revised Statutes Titel 32, Chapter 10, on the basis of:

- ARS 32-1121.A.5 The applicant owns the property and shall occupy the property, and does not intend the property to be for sale or rent, and shall have the work performed by the applicant alone, or by the applicant with employees of the applicant, and/or performed by duly licensed contractor(s) all of whom are identified below or on the attached.
- ARS 32-1121.A.6 The applicant owns the property and shall have the work performed only by duly licensed contractor(s) all of whom are identified below or on the attached.

| CONTRACTOR/COMPANY NAME: | AZ ROC NUMBER: | LICENSE CLASSIFICATION: |
|--------------------------|----------------|-------------------------|
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- ARS 32-1121.A.7 The applicant is registered architect or engineer, or employee of registered architect or engineer engaged in professional practice, not as a contractor.

The undersigned swears and affirms that the information herein is true and accurate, and acknowledges that the filing of an application containing false or incorrect information with the intent to avoid licensing or tax requirements of the State of Arizona is "unsworn falsification", a criminal misdemeanor.

| | | |
|----------------------------|-------------------------|-------|
| PRINTED NAME OF THE OWNER: | SIGNATURE OF THE OWNER: | DATE: |
|----------------------------|-------------------------|-------|

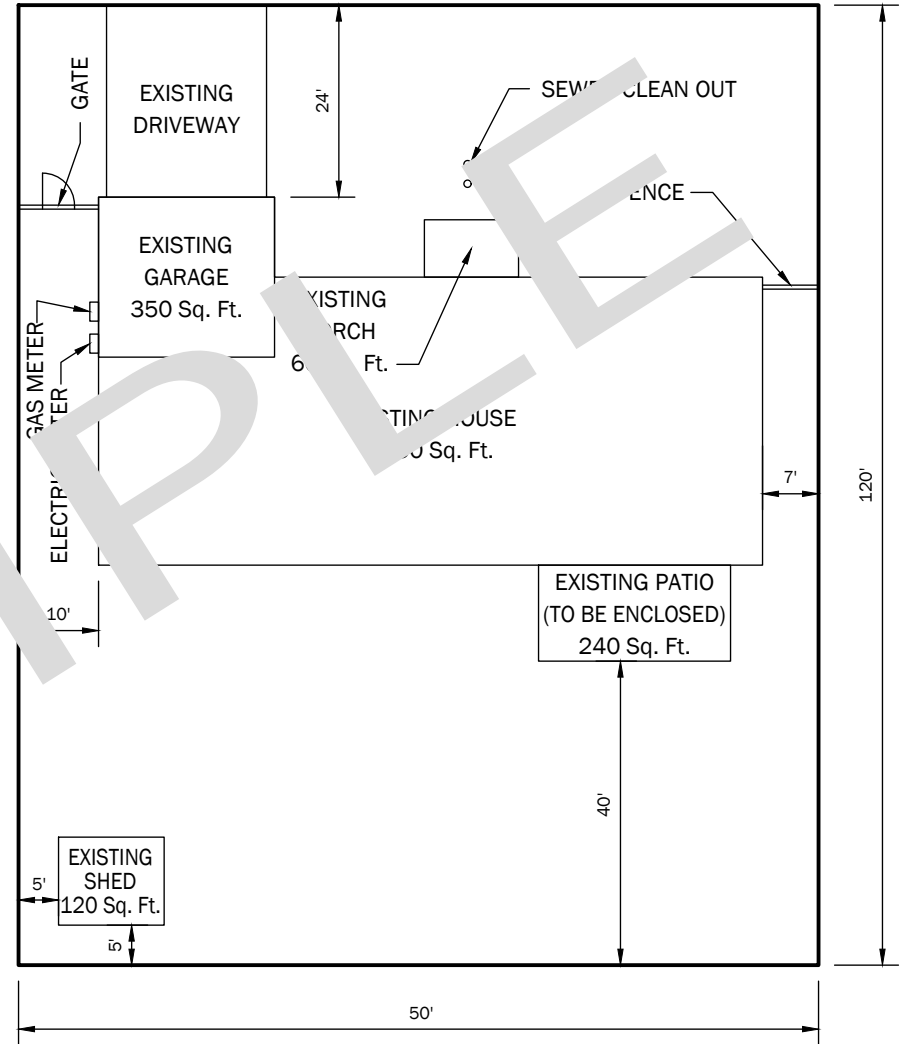
CITY OF GLENDALE ADOPTED CODES (WITH AMENDMENTS):
 2018 IBC, 2018 IRC, 2018 IECC, 2018 IPC, 2018 IFGC,
 2017 NEC, AND 2018 IFC

| | |
|------------------|---------------------------------------------|
| PROJECT NAME: | MARLEY RESIDENCE - PATIO ENCLOSURE |
| PROJECT ADDRESS: | 5555 W. GLENDALE AVE. GLENDALE, AZ 85301 |
| PARCEL NUMBER: | 123-45-678 |
| ZONING DISTRICT: | R1-6 |

| PROPERTY COVERAGE CALCULATIONS (Sq. Ft.) | |
|------------------------------------------|-------------------------|
| EXISTING HOUSE (1ST FLOOR): | 1650 |
| EXISTING GARAGE: | 350 |
| EXISTING SHED: | 120 |
| EXISTING FRONT PORCH: | 60 |
| EXISTING PATIO (ENCLOSED): | 240 |
| TOTAL AREA: | 2420 |
| LOT SIZE: | 50' x 120' = 6000 |
| TOTAL LOT COVERAGE: | 2420/6000 = 0.40 OR 40% |

* PROPERTY INFORMATION AVAILABLE ON THE MARICOPA COUNTY ASSESSOR'S OFFICE WEB PAGE

W. GLENDALE AVE.



SHEET:
A1
 SAMPLE

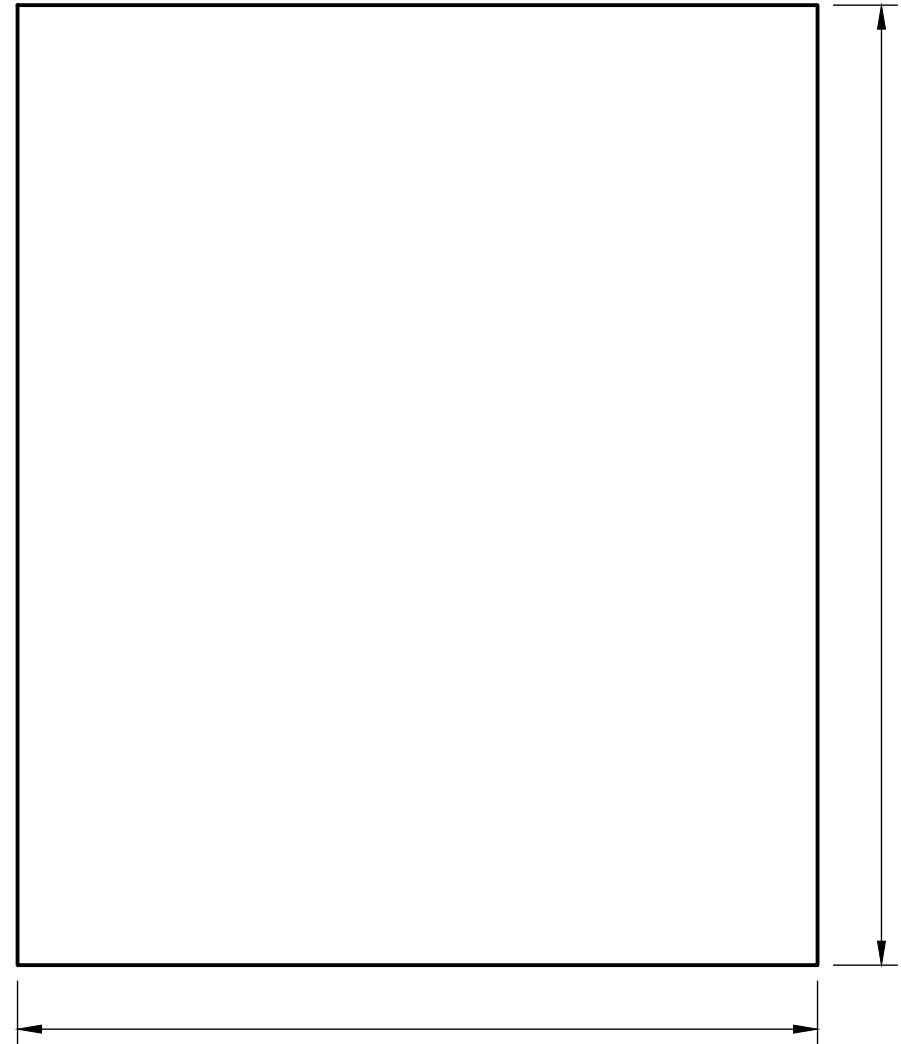
CITY OF GLENDALE ADOPTED CODES (WITH AMENDMENTS):
 2018 IBC, 2018 IRC, 2018 IECC, 2018 IPC, 2018 IFGC,
 2017 NEC, AND 2018 IFC



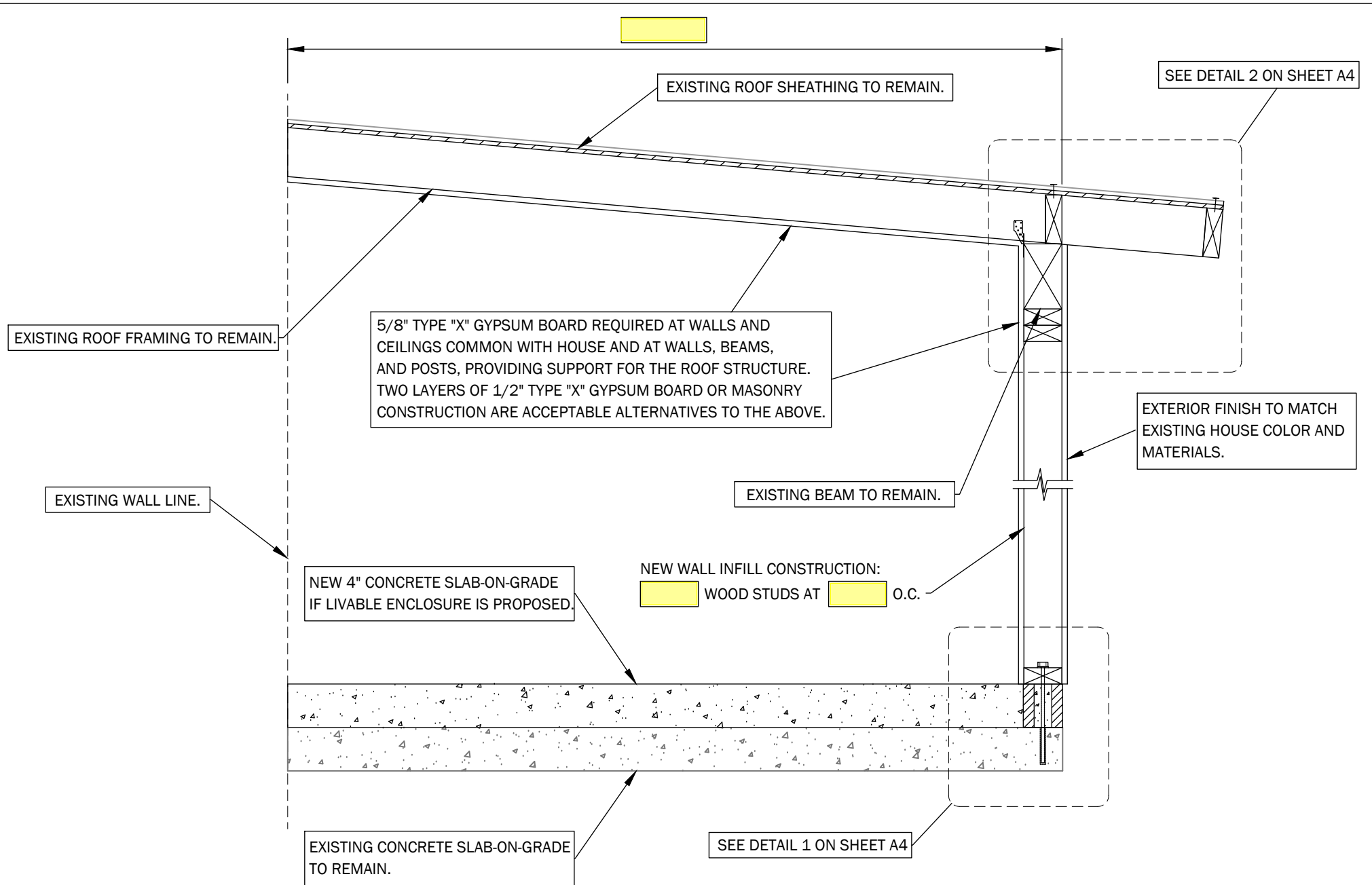
| | |
|------------------|--|
| PROJECT NAME: | |
| PROJECT ADDRESS: | |
| PARCEL NUMBER: | |
| ZONING DISTRICT: | |

| PROPERTY COVERAGE CALCULATIONS (Sq. Ft.) | |
|------------------------------------------|--|
| EXISTING HOUSE (1ST FLOOR): | |
| EXISTING GARAGE: | |
| EXISTING SHED: | |
| EXISTING FRONT PORCH: | |
| EXISTING PATIO (ENCLOSED): | |
| TOTAL AREA: | |
| LOT SIZE: | |
| TOTAL LOT COVERAGE: | |

* PROPERTY INFORMATION AVAILABLE ON THE MARICOPA COUNTY ASSESSOR'S OFFICE WEB PAGE



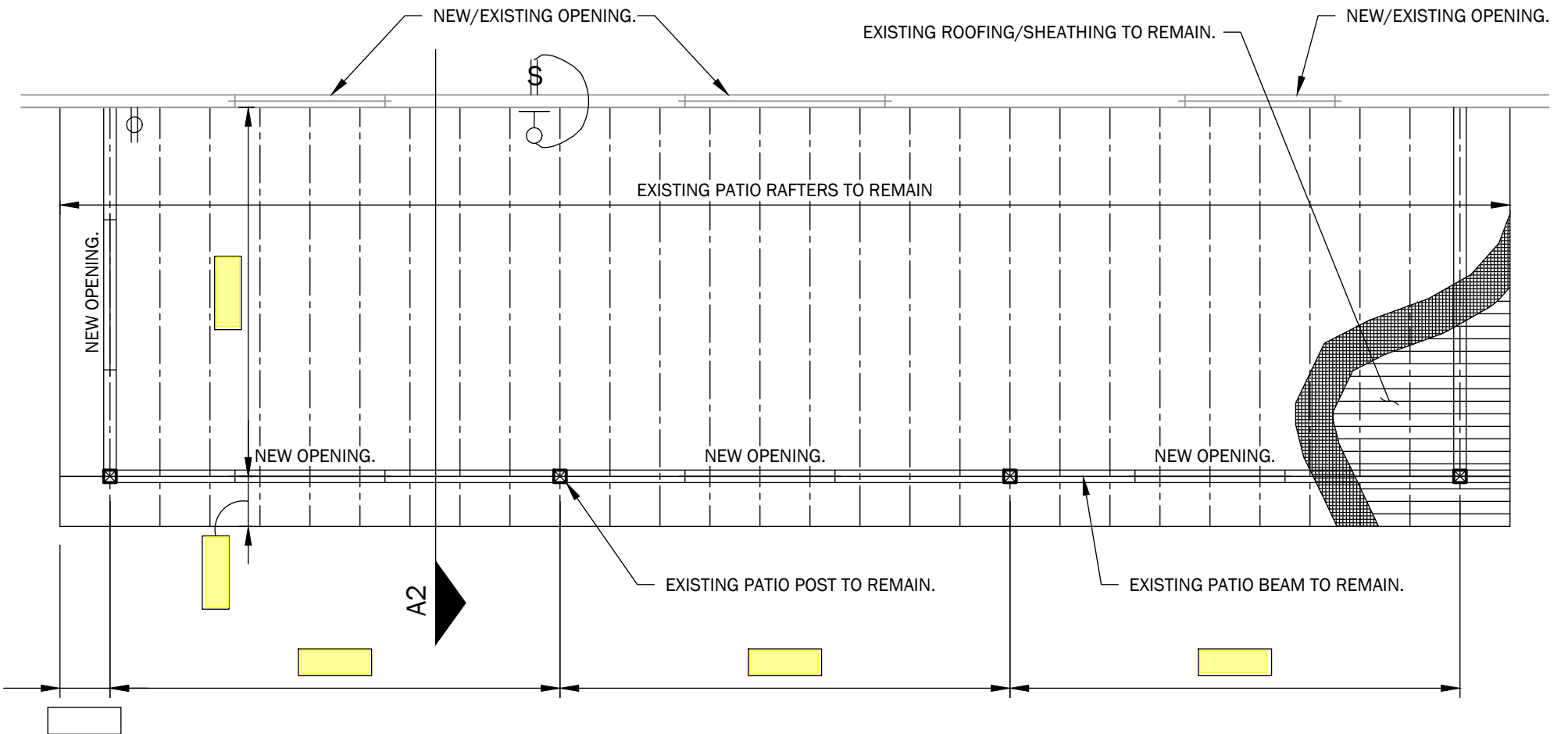
SHEET:
A1



NOTES:

- PLEASE FILL ALL SPACES DESIGNATED WITH [] TO DESCRIBE PROPOSED STRUCTURE.
- ELECTRICAL BOXES MUST BE FLUSH WITH THE WALL OR CEILING SURFACE INTO WHICH THEY ARE MOUNTED. ELECTRICAL BOX EXTENSION MAY BE REQUIRED.

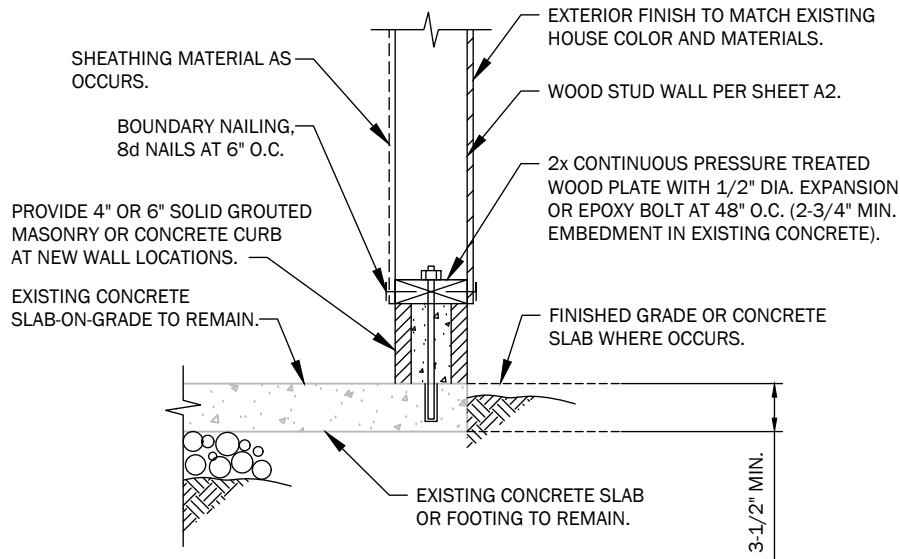
SHEET:
A2



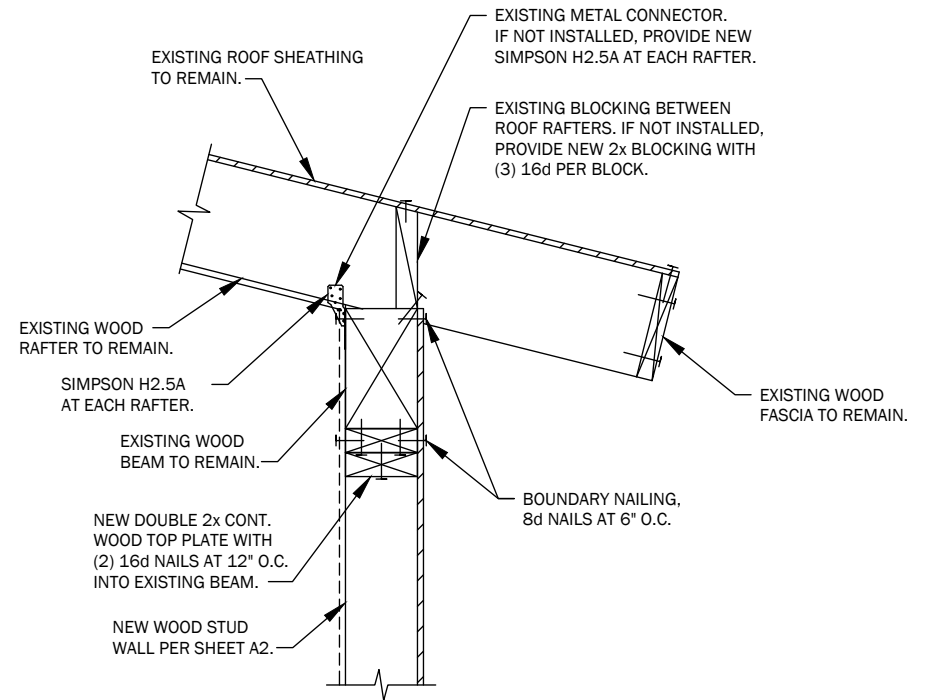
NOTES:

1. PLEASE FILL ALL SPACES DESIGNATED WITH TO DESCRIBE PROPOSED STRUCTURE.
2. PROVIDE SWITCH CONTROLLED LIGHT AT EACH EXTERIOR DOOR TO GRADE PER E3903.3 (NEC 210.70CA).
3. PROVIDE CODE APPROVED OUTLET BOXES FOR CEILING FANS PER NEC 422.18.
4. PROVIDE/IDENTIFY ALL NEW DOOR/WINDOW LOCATIONS AND SPECIFY HEADER SIZE.
5. PROVIDE/IDENTIFY ALL NEW ELECTRICAL OUTLET LOCATIONS.

SHEET:
A3



1 NEW WALL INFILL AT EXISTING TURNDOWN FOOTING



2 NEW WALL INFILL AT EXISTING PATIO FRAMING



NOTE:

1. REFERENCED METAL CONNECTORS MAY BE REPLACED WITH ANY EQUIVALENT ALTERNATIVE.

SHEET:
A4