Residential Building Permit Application City Of Sedona Community Department



Check <u>all</u>	□ New Construction □ Addition □ Alteration			
that apply:	Demo - Is the property 50 years or older? If	er? If yes, please provide documentation, photos, site plan & narrative.		
PRIMARY CONTACT:		Phone:	Permit #:	
Address:		Cell Phone:	Parent Permit #:	
E-mail:		Parcel #:	Date Rec'd:	
Job Site Address:			Deposit Pd::	
Project Valuation*	Cost of Labor and Materials*(do not include cosmetic improvements such as paint and carpet)			
Scope of Work:				
OWNER NAME:		CONTRACTOR NAME:		
Address:		Company:		
Phone:		Address:		
Cell Phone:		Phone:		
E-Mail		Cell Phone:		
		E-mail:		
		City Business License #:		
		ROC State License #:		
ARCHITECT:		ENGINEER:		
Company:		Company:		
Address:		Address:		
Phone:		Phone:		
Cell Phone:		Cell Phone:		
E-mail:		E-mail:		
ID #/Exp. Date:		ID #/Exp. Date:		
City Business License #:		City Business License #:		

BUILDING/FIRE

	Existing Sq. Ft.	New Sq. Ft.		Existing Sq. Ft	New Sq. Ft.
Basement:			Garage:		
1 st Floor:			Covered Deck:		
2 nd Floor:			Covered Porch:		
3 rd Floor:			Uncovered Deck:		
Total:			Other:		

Fire Sprinklers?	🗆 Yes 🗆 No	
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Is the Property Within a Flood Hazard Area?

APPLICANT (check one of the following): Owner Owner's Agent Contractor Contractor's Agent

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property on this permit application, the Arizona State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractors full knowledge or consent.

Print Name

Signature

Date