

TOWN OF QUARTZSITE
Planning and Zoning Department
P.O. Box 2812 465 N. Plymouth Avenue Quartzsite, AZ 85346
928-927-4414 FAX 928-927-4400

Permit # _____

Type of Application **Electric** **Plumbing** **Mechanical**

Owners Name and Business Name (if Applicable): _____
 Phone #: (____) _____ Fax#: (____) _____ Cell Phone #: (____) _____
 Address: (number, street, city, state, zip) _____ Email: _____
 Site Address: _____ Parcel No.: _____

Contractor: _____ Contact Name: _____
 Phone #: (____) _____ Fax#: (____) _____ Cell Phone #: (____) _____
 Address: (number, street, city, state, zip) _____ Email: _____
 AZ Contractor License#: _____ Type: _____ City License #: _____ Sales Tax #: _____
 AZ Architect/Engineer of Record: _____ Contact Name: _____
 Phone #: (____) _____ Fax#: (____) _____ Cell Phone #: (____) _____
 Address: (number, street, city, state, zip) _____ Email: _____

Proposed Use _____ Type of Work _____
 (Residential, Commercial, Other) (New, Repair, Alteration, Other)

<u>Plumbing</u>	<u>Electrical</u>	<u>Mechanical</u>
_____ # of Fixtures, Traps, Sets/Traps	_____ # of Service Entrances Less Than 200 Amp	_____ Furnaces
_____ # water heater and/or vent	_____ # of Service Entrances More Than 200 Amp	_____ Appliance Vents
_____ Install, Alter or Repair Water Pipe	_____ Total # of Branch Circuits	_____ Repairs or Additions to heating, refrigeration, cooling absorption system
_____ Install, Alter or Repair Gas Pipe	_____ # of Private Swimming Pools	_____ Boilers, Compressors and Absorption Systems
_____ Industrial Waste Pre-Treatment	_____ Temporary Service Entrance	_____ Air Handlers
_____ Alter or Repair of Drain or Vent Piping	_____ Temporary Holiday Lighting	_____ Evaporative Coolers
_____ Lawn Sprinkler System/Meter	_____ # of Receptacles, Switches & Light Outlets	_____ Ventilation and Exhaust
_____ # of Blding or Trler Sewer Taps	_____ # of Light Fixtures	_____ Incinerators
_____ Atmospheric Type Vacuum	_____ # of Residential Appliances	_____ Other _____
Breakers	_____ # of Nonresidential Appliances	
_____ Backflow Protective Device Other than Atmospheric	_____ # Power Apparatus Rating _____ HP	
_____ Graywater System	_____ # of Busways	
_____ Other _____	_____ Sign first 660 VA's=	
	_____ Additional 660 Sign VA's=	
	_____ Other _____	

- [] I certify I am currently licensed under the provisions of the Arizona Registrar of Contractors for the work.
- [] I am the owner of this property and I am doing my own work.
- [] I am exempt from the provisions of the Arizona Registrar of Contractor's regulations

INSPECTIONS ARE REQUIRED PRIOR TO CONCEALMENT

Signature _____ Date _____
 Receipt Number _____ Check No. _____ Amount _____ Date _____ Rec'd By _____
 Zoning Approval _____ Building Official _____