



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

**Note: Fill out all highlighted areas.**

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: