



Development Services Department

7501 E. Skoog Blvd.
Prescott Valley, AZ 86314
permitting@prescottvalley-az.gov
Phone 928-759-3050

NEW COMMERCIAL APPLICATION CHECKLIST

1. Start this step **only** after an Engineering Permit has been approved.
2. Contact the Permitting Office (928) 759-5535 to discuss project permitting requirements and phasing. One application per building.
3. Sign in or create an account with GoPost and upload the following:
 - ☐ Permit Packet | Town Forms **(1 File)**
 - Commercial Construction Application Page
 - Proof of Valid Contractor's License
 - Special Inspections Form
 - Temporary Utility Agreement
 - Water Meter & Utility Service Application
 - Commercial Water Tap Installation Application
 - ☐ Plans (Architect or Engineer stamped if over 3000 sf or over 20 Occ. load) **(1 File)**
 - Site Plan
 - Landscape Plan
 - Lighting
 - Plumbing
 - Electrical
 - Mechanical
 - ☐ Survey; or site plan drawn and stamped by a licensed Architect, Engineer, or Surveyor **(1 File)**
 - ☐ Structural Calculations and Layout Sheet **(1 File)**
 - ☐ Engineered Soils Report **(1 File)**
 - ☐ Engineered Truss Specifications, Calculations, and Layout Sheet **(1 File)**
(Deferred submittal OK)
 - ☐ Agent Letter/Letter of Authorization with signature (if tenant) **(1 File)**
4. Contact the Permitting Office (928) 759-5535 to pay the application deposit amount of \$321.00.

NEW COMMERCIAL APPLICATION

**Construction Address :**

Assessors Parcel # : _____ Unit : _____ Lot : _____

Name of Owner :

Phone : _____

Address : _____ E-mail : _____

Contractor :

Phone : _____

Address : _____ E-mail : _____

Contractor's License # : _____ Business License # : _____

Building Area Square Footage Breakdown :

Total Square Footage : _____ New : _____ Remodel : _____ Valuation : _____

Office : _____ Storage : _____ Warehouse : _____

Manufacturing : _____ Retail : _____ Shell Only : _____

Other : _____

Unit Designation (A,B,C,1,2,3) : _____ Number of Units : _____ Number of Buildings : _____

Setbacks of Building : Front : _____ Rear : _____ Side (L) : _____ Side (R) : _____

Description of Work :

Name of Applicant/Agent:

Phone: _____

Address of Applicant: _____ E-mail: _____

Applicant/Agent : ☐ Owner ☐ Architect ☐ Contractor ☐ Other _____

Main Point of Contact : (Will receive all communications) _____

Phone: _____ Email: _____

Issuance of this permit shall not be construed as an adoption of the construction documents as the minimum standard of construction, and that the construction authorized by this permit shall be in strict compliance with all Codes, Statutes, Regulations and Ordinances applicable thereto as the minimum of construction, and that the Town of Prescott Valley reserves the right to enforce same notwithstanding the issuance of this permit. Please be advised that information supplied on this application is public record and may be released upon request.

Print Name of Applicant/Agent

Signature

Date

PROOF OF VALID CONTRACTOR'S LICENSE



SECTION I

The undersigned does hereby swear and affirm that the applicant for a building permit identified in the attached application **(check one)**.

☐ **General Contractor**

Is currently licensed as a contractor under the provisions of Chapter 11 of Title 32, Arizona Revised Statutes (A.R.S. §32-1168-1169), as identified in Section II and will perform work with such subcontractors as are also all identified in Section II.

☐ **Owner/Builder**

Owens the property which is not intended for sale or rent and **(check one or both)**

☐ Will perform the work themselves; or jointly with employees who are paid on a time worked basis, not by the job

☐ Will perform the work with duly licensed contractors, all of whom are identified in Section II

☐ **Developer**

Owens property for sale or rent upon which a residential structure or addition is to be constructed by the duly licensed contractor or contractors, all of whom are identified in Section II.

SECTION II

CONTRACTOR/SUBCONTRACTOR NAME

CONTRACTOR LICENSE #

PHONE #

GENERAL CONTRACTOR

ELECTRICAL

PLUMBING

MECHANICAL

FRAMING

GRADING/EXCAVATION

CEMENT/CONCRETE

ROOFING

INSULATION

LATHING

STUCCO

GLASS/STORE FRONT

PAINTING

MASONRY/BLOCK

DRYWALL

LANDSCAPING

MANUFACTURED HOME (AZDH #)

This certification is required under state law to be completed and signed by all applicants for a building permit. Under state law, the filing of an application containing false or incorrect information with the intent to avoid the state licensing requirements constitutes unsworn falsification, a class 6 felony.

Construction Address: _____

Print Name of Applicant/Agent

Signature

Date



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SPECIAL INSPECTIONS AND TESTING AGREEMENT WITH THE TOWN OF PRESCOTT VALLEY

To the permit applicant(s) of projects requiring special inspection and/or testing per Chapter 17 of the International Building Code (IBC).

Project Name : _____

Project Owner : _____

Project Street Location : _____

Mailing Address (PO Box) : _____

City/Town : _____ Zip : _____

BEFORE A PERMIT CAN BE ISSUED

The owner, engineer or architect of record acting as the owner's agent, shall complete two (2) copies of this agreement and the structural tests and inspections schedule, including the required acknowledgments. A pre-construction conference with the parties involved may be required to review the special inspection requirements and procedures.

APPROVAL OF SPECIAL INSPECTORS

Each Special Inspector shall be approved the Building Department prior to performing any duties. Each Special Inspector shall submit his/her qualifications to the Building Department and is subject to a personal interview for pre-qualification. Special Inspectors shall display approved identification, as stipulated by the Building Department, when performing the function of a Special Inspector.

Special inspection and testing shall meet the minimum requirements of the IBC Chapter 17. The following conditions are also applicable:

A. DUTIES AND RESPONSIBILITIES OF THE SPECIAL INSPECTOR

1. Observe Work

The Special Inspector shall observe the work for conformance with the Building Department approved (stamped) design drawings and specifications, and applicable workmanship provisions of the IBC Architect/Engineer approved (stamped) shop drawings and/or placing drawings may be used as an aid to inspection.

Special inspections are to be performed on a continuous basis; meaning that the Special Inspector is on site in the general area at all times observing the work that requires special inspection. Periodic inspections, if any, must have prior approval by the Building Department based on a separate written plan reviewed and approved by the Building Department and the project engineer or architect.

2. Report Non-Conforming Items

The Special Inspector shall bring non-conforming items to the immediate attention of the contractor and note all such items in the daily report. If any item is not resolved in a timely manner or is about to be incorporated in the work, the Special Inspector shall immediately notify the Building Department by telephone or in person, notify the engineer or architect, and post a discrepancy notice.

3. Furnish Daily Reports

On request, each Special Inspector shall complete and sign both the special inspection record and the daily report form for each day's inspections to remain at the job site with the contractor for review by the Building Department's inspector.

4. Furnish Final Report

The Special Inspector or inspection agency shall submit a final signed report to the Building Department stating that all items requiring special inspection and testing were fulfilled and reported and, to the best of his/her knowledge, in conformance with approved design drawings, specifications, approved change orders and the applicable workmanship provisions of the IBC. Items not in conformance, unresolved items or any discrepancies in inspection coverage (i.e., missed inspection, periodic inspection when continuous was required, etc.) shall be specifically itemized in this report.

B. CONTRACTOR RESPONSIBILITIES

1. Notify the Special Inspector

The contractor is responsible for notifying the Special Inspector or agency regarding individual inspections for items listed on the schedule and as noted on the Building Department approved plan. Adequate notice shall be provided so that the Special Inspector has time to become familiar with the project.

2. Provide Access to Approved Plans

The contractor is responsible for providing the Special Inspector access to approved plans at the job site.

3. Retain Special Inspection Records

The contractor is also responsible for retaining at the job site all special inspection records submitted by the Special Inspector, and for providing these records for review by the Building Department's inspector upon request.

C. BUILDING DEPARTMENT RESPONSIBILITIES

1. Approve Special Inspection

The Building Department shall approve all Special Inspectors and special inspection requirements.

2. Monitor Special Inspection

Work requiring special inspection and the performance of Special Inspectors shall be monitored by the Building Department's Inspectors. His/her approval must be obtained prior to placement of concrete or other similar activities in addition to that of the Special Inspector.

3. Issue Certificate of Occupancy

The Building Department may issue a Certificate of Occupancy after all special inspection reports and the final reports have been submitted and accepted.

ACKNOWLEDGMENTS

The undersigned have read and agree to comply with the terms and conditions of this agreement.

Owner : _____

_____	_____	_____
Print Name	Signature	Date

Contractor : _____

_____	_____	_____
Print Name	Signature	Date

Project Engineer/Architect : _____

_____	_____	_____
Print Name	Signature	Date

Special Inspector or Inspection Agency: _____

_____	_____	_____
Print Name	Signature	Date

Accepted for the town of Prescott Valley Building Department

_____	_____	_____
Print Name	Signature	Date



TEMPORARY UTILITY FOR CONSTRUCTION AGREEMENT

(NEW COMMERCIAL/RESIDENTIAL PROJECTS)

The undersigned does hereby understand and agree that the temporary power for construction connected to the electrical equipment in the location to be used for permanent power is for **construction purposes ONLY**. This electrical power is not to be used as electrical power for occupancy of the building until a certificate of occupancy has been issued.

The certificate of occupancy and a final utility clearance will be issued when the Town of Prescott Valley's Building, Public Works and Engineering and Planning and Zoning Departments requirements are completed, or arrangements have been made with the individual departments for completion of all their requirements. If the building should be occupied prior to the completion of the above requirements or compliance with this agreement, the Town of Prescott Valley Building Official shall, at his option have the right to order the temporary electrical power disconnected from the building, or portion of the building, which has been occupied without the proper certificate of occupancy or approvals. Neither the Town of Prescott Valley nor the utility company will be held liable for any damages caused by this loss of electrical power.

I agree that I must complete my construction project within 365 calendar days and receive a certificate of occupancy prior to the 365th day, and further that I will not allow 180 days to elapse without an inspection in compliance with Chapter Seven of the Town of Prescott Valley ordinances. Failure to comply with this requirement may result in certain penalties levied against me and the expiration of this permit.

Print Name of Applicant/Agent

Signature

Date

UTILITY FORMS



PRESCOTT VALLEY



WATER METER & UTILITY SERVICE APPLICATION

7501 E. Skoog Blvd, Prescott Valley, AZ 86314
ca@prescottvalley-az.gov
Phone: 928-759-3020 Fax: 928-759-5533

Town Use Only:

CID _____

LID _____

UNIT _____ LOT _____

PARCEL # _____

COMMERCIAL _____ RESIDENTIAL _____

IMPERVIOUS SQ FT _____

(COMMERCIAL ONLY)

Date: _____

Business Name: (Commercial Property Only) _____

Applicant Name: _____
Last First

Additional Name: _____
Last First

Service Address: _____ Zip _____

Mailing Address: _____ Zip _____

Telephone Numbers: () _____ Additional Phone: () _____

Commercial Only

Property Owner's Name: _____ Telephone: () _____

Project Manager's Name: _____ Telephone: () _____

The undersigned referred to as Applicant, at the above service address, hereby certifies that he/she is authorized to order the above requested water meter and agrees to pay all costs and fees due under this agreement including, but not limited to, attorney's fees and court costs. The Applicant further agrees to be governed by the Ordinances/Regulations pertaining to water and/or sewer services.

1. A system capacity charge of \$ _____ and a water resource fee of \$ _____ per residential dwelling unit has been tendered. For connections other than residential, the system capacity charge is determined by a formula utilizing estimated water usage as a proportion of typical single-family residential water usage. (For this purpose, the typical monthly water usage by single-family residential units is estimated as 6,000 gallons.)

2. A water meter charge per the following meter size is also tendered herewith: (**Note: Allow at least two weeks for installation**)

5/8" = \$537.00 3/4" = \$601.00 1" = \$708.00 1 1/2" = \$1646.00 2" = \$1844.00
FIRELINE SIZE 1" ☐ 2" ☐ 4" ☐ 6" ☐ 8" ☐ 12" ☐ NA ☐

3. Deposits: Sewer \$ _____, Water \$ _____ are tendered herewith or Deposit waived due to account _____. Deposits shall be applied to an owner's utility account after 12 months of acceptable credit.

4. A non-refundable service fee of \$25.00 for technical and administrative services in providing the initial service to the customer.

Applicant Signature: _____ Date: _____

Federal Tax Identification #: (Commercial Business Only) _____

Community Development Staff Use Only

Capacity Charge \$ _____
Water Resource Fee \$ _____
Meter Charge \$ _____
Total Received \$ _____

Utility Staff Use Only

Cash _____ Check # _____ Credit Card _____
Received By: _____

Rev 2.24



COMMERCIAL WATER TAP INSTALLATION APPLICATION

7501 EAST SKOOG BLVD.
PRESCOTT VALLEY, AZ 86314
928-759-3020 (voice); 928-759-5533 (fax)

Email: ca@prescottvalley-az.gov

Subdivision: _____

Unit _____ Lot _____

PV Water System _____

Please note that a Town Building or Engineering Permit may be required for a tap. Permit
Information can be obtained by calling 928-759-3050.

District _____

County _____

Applicants Name _____ Telephone () _____

Business Name (Commercial Property only) _____

Mailing Address _____ City/St _____ Zip _____

Service Address _____ City _____ AZ Zip _____

Do you own the property where the tap is to be completed? Yes No

If not, name of current owner _____ Telephone () _____

Mailing Address of Owner _____ City/St _____ Zip _____

Note: Allow at least two weeks for installation of water tap

The undersigned (referred to as "Customer/User"), hereby certifies that he/she is authorized to order the above requested water tap and agrees to pay all costs or fees due under this agreement including, but not limited to, attorney's fees and court costs. Customer/User also agrees to be governed by the Code/Ordinances/Regulations pertaining to water taps. Customer/User further agrees as follows:

Fee Schedule for water taps in the Town of Prescott Valley Water System

<u>Tap Size</u>	<u>Labor Cost</u>
3/4"	\$445.00
1"	\$445.00
2"	\$445.00
4"	\$745.00
6"	\$745.00
8"	\$745.00
10"	\$745.00
12"	\$745.00

FIRELINE SIZE 1" ☐ 2" ☐ 4" ☐ 6" ☐ 8" ☐ 12" ☐ NA ☐

This fee schedule represents the labor cost for tapping the main line only.

The requesting party is responsible for the materials, labor, installation and pressure test of the tapping sleeve and valve off the existing main line.

1. It is understood by the parties hereto, that the water tap and service connection paid for hereby remain the property of the Town of Prescott Valley.

2. Duly authorized agents shall have access at all reasonable hours to the premises for the purpose of installing the water tap and any time to appraise or remedy emergency situations.

Customer/User Signature _____ Date _____

Town Use Only

Tap Labor Cost \$ _____ Tap Size _____ LID _____

Date Received _____ WHITE - Customer Accounts Division YELLOW - CUSTOMER

Revised 07/25