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

MISCELLANEOUS MECHANICAL APPLICATION CHECKLIST

1. Sign in or create an account with GoPost. Upload this application AND:

If adding, removing, altering or replacing (not like for like) mechanical/HVAC

- ☐ Site Plan with a mechanical layout **(1 File)**
- ☐ Manufacturer's Specifications and Calculations **(1 File)**

2. Wait for our Permitting team to contact you to let you know your permit has been approved and is ready for payment.

MISCELLANEOUS MECHANICAL APPLICATION

Construction Address : _____

Assessors Parcel # : _____ Unit : _____ Lot : _____

Name of Owner : _____ Phone : _____

Address : _____ E-mail : _____

Contractor : _____ Phone : _____

Address : _____ E-mail : _____

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

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: _____

Description of Work :

_____

_____

_____

_____

_____

_____

_____

_____

Valuation of labor and materials : _____ Square Footage : _____

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

PRESCOTT VALLEY

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**

Owns 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**

Owns 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**

APPLICATION AND INSPECTION VERIFICATION CHECK SHEET FOR "HVAC" MINIMUM PERMIT REQUIREMENTS

PRESCOTT VALLEY

2018 INTERNATIONAL MECHANICAL CODE

1. HVAC Unit: ☐ New ☐ Replacement ☐ Resize
☐ Natural Gas ☐ Liquid Propane ☐ Electrical Unit ☐ Gas Unit with Electrical
☐ Other _____

2. Location:

☐ Residential
☐ Single Family ☐ Duplex _____ (Units) ☐ Triplex _____ (Units) ☐ Apartments _____ (Units)
☐ Manufactured/Mobile ☐ Other _____
☐ Livable ☐ Garage ☐ Basement ☐ Bedroom ☐ Laundry/Utility Room
☐ Roof ☐ Attic ☐ Ground ☐ Crawlspace ☐ Other _____

☐ Commercial | Current Occ. of Unit: _____ Location: _____

☐ Other | Description: _____ Location: _____

3. Appliance: Manufacturer: _____ Model: _____ SEER Rating: _____

BTU Rating (New): _____ / Gallons _____ BTU Rating (Existing): _____ / Gallons _____

3. Make up/Combustion Air: ☐ Same Room: _____ (Cubic Ft.) ☐ Attic ☐ Outside ☐ Other _____

4. Electrical: Amps: Max. _____ Min. _____ Wire Size: _____ Wire Type: _____

Breaker Size: _____ amps Breaker Location: ☐ Main Service ☐ Subpanel

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- Wire and breaker sizes are based on maximum amps per unit's rating label. Disconnect at unit and/or lockout breaker required.
- Mechanical systems and equipment shall be installed per current code requirements along with manufactures specifications and installation instructions. **Manufactures documents shall be on site for review by the inspector.** Commercial roof and ground mount HVAC units are to be properly screened.
- Provide anchoring detail per manufactures requirements on attached sheet for all roof and/or ground pack units.
- Installation of new and/or resized HVAC mechanical systems shall be provided with a Manual J or equivalent program performance evaluation to match unit(s) installed, with maximum performance and efficiency obtained for those are of units service.
- These requirements shall apply to new install systems as well as modifications to existing systems.

Please acknowledge your understanding and acceptance of these requirements above by signing and dating below:

Print Name of Applicant/Agent **Signature** **Date**