

HUALAPAI TRIBAL NATION

Commercial Building Permit Application

Office of the Tribal Environmental Review commission

Phone: 928-769-2216, Fax: 928-769-1063 Inspection Request: 928-769-2216

P.O. Box 179/941 Hualapai Way, Peach Springs, Arizona 86434

IMPACT: [] LOW

[] GENERAL

| APPLICANT INFORMATION | | CONTRACTOR INFORMATION | |
|---|-----------------------|---|--|
| Business Name: | | Business Name: | |
| Contact Name: | | Contact Name: | |
| Address: | | Address: | |
| City: | | City: | |
| State/Zip: | | State/Zip: | |
| Phone: (928) 769 - 1886 | Fax: (928) 769 - 2216 | Phone: (928) 769 - 1886 | Fax: (928) 769 - 2216 |
| E-mail: | | E-mail: | |
| Business license No.: | | Contractor License No.: | |
| JOB SITE INFORMATION and LOCATION | | CATEGORY OF CONSTRUCTION | |
| Project Name: | | <input type="checkbox"/> Master Builder | <input type="checkbox"/> Commercial/Industrial |
| Address: | | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Other: |
| City/State/Zip: | | REQUIRED DATA: COMMERCIAL USE CHECKLIST | |
| DESCRIPTION OF PROJECT | | Indicate the value (round to the nearest dollar) of all equipment, materials, labor, etc. and the profit for the work indicate on this application Valuation: Existing Building Area: _____ square feet New Building Area: _____ square feet | |
| | | | |
| | | | |
| | | | |
| | | | |
| CROSS STREET/DIRECTIONS | | Number of Stories: | |
| | | Occupancy Groups: | |
| | | Existing: | |
| | | New: | |
| | | FOR OFFICAL USE ONLY | |
| NOTICE | | Plot No. | |
| All contractors are required to be licensed with the Arizona Registrar of Contractors and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing the following reasons apply: | | Subdivision: | |
| | | Tax map/parcel No.: | |
| | | Lot No.: | |
| | | Permit No. | |
| | | BUILDING PERMIT FEES | |
| | | Please refer to fee schedule | |
| | | Fees due upon application: | |
| | | Amount received: | |
| | | Date Received: | |
| | | TERO Tax: | |

BUILDING PERMIT APPLICATION

PERMIT # _____ APPLICATION DATE: _____ PERMIT VALID UNTIL: _____

PROJECT DESCRIPTION: _____

PROJECT ADDRESS/LOCATION: _____

BUILDING TYPE:

- Commercial
- Industrial
- Other _____ # of units _____

PROJECT TYPE:

- Original
- Addition
- Alteration/Remodel
- Repair
- Demolition

FRAME TYPE:

- Wood
- Steel
- Concrete
- Masonry
- Other

PROPOSED USE:

NUMBER OF PARKING SPACES (Show on Plot Plan): _____

NUMBER OF ADA PARKING SPACES (Show on Plot Plan): _____

WATER SUPPLY:

- Private Well
- Public-Name of water system: _____

TYPE OF HEAT:

- Electricity
- Woodstove
- Heat Pump
- Oil
- Propane
- Other: _____

D

SANITARY SEWER SYSTEM:

- Public
- Septic

If septic system needed permit number _____

FOOD SERVICE Yes No

TRIBAL & N.E.P.A. CLEARANCES:

- Cultural - T.H.P.O. (required)

Loretta Jackson-Kelly _____ Date

- Biological
- Zoning
- Environmental Assessment (required if general)

UBC OCCUPANCY

Classification: _____

UBC TYPE OF CONSTRUCTION

Classification: _____

SQUARE FOOTAGE:

| | Current | Proposed |
|--|------------|------------|
| First Floor | _____ ft 2 | _____ ft 2 |
| Second Floor | _____ ft 2 | _____ ft 2 |
| Mezzanine | _____ ft 2 | _____ ft 2 |
| Other Building (i.e. outbuilding/shed) | _____ ft 2 | _____ ft 2 |
| Other (e.g. decks/porches) | _____ ft 2 | _____ ft 2 |

TOTAL VALUATION _____ or ESTIMATED COST _____

Authorized Signature: _____

Print Name: _____ Date: _____

Approved: _____ Issue Date: _____

TERC Chairman Erin Forrest