

# TOWN OF EAGAR RESIDENTIAL BUILDING PERMIT APPLICATION

Applications must be accompanied by the following:

- A. **Two Plot Plans** showing accurate lot delineation, location of all existing structures, location of proposed structure. Observe all required setbacks and easements.
- B. **Two sets of plans** and specifications) including footing detail, framing detail, roof detail, truss layout, truss detail and elevations) All pages and copies of plans must have the owner/builder's name and phone number printed on them when submitted. Check with the building official for any other required information. **No additions, alteration or modification to approved plans without written approval of the building official**
- C. **Specific location:** Physical address, parcel number (104-xx-xxxx) or legal description.
- D. A copy of the **septic permit** when applicable.
- E. **Proof** of property ownership may be required. If the property was acquired within sixty days prior to application for a building permit a copy of the recorded deed or sales transaction is required.

**Approval** shall normally be given within **6 working days** after application is received. If there is any delay beyond 15 working days, a letter of explanation shall be sent to the applicant. Upon approval one set of plans shall be returned to the applicant. **This set must be kept on the job site.** Conformance to all Eagar codes is mandatory and enforced.

**Inspections are required for all phases of construction.**

**Required\* inspections are:**

- a) Footings or foundation - before laying any concrete. **Footings or foundations will only be approved when clearly and accurately marked property lines and setbacks are provided.**
- b) Underground plumbing
- c) Concrete slab or under floor - before laying concrete or floor deck.
- d) Shear wall nailing
- e) Rough framing, electrical, plumbing and mechanical.
- f) Gypsum nailing
- g) Final.

**\*(Building official may require additional inspections)**

**Please request all inspections at least 24 hours in advance.** Inspections may be requested by phone or in person from the Eagar Building Department. For inspections call the building department at 333-4128 Ext. 230 or Ext. 228 between the hours of:

8:00 AM -- 4:00 PM Monday –Thursday or

8:00 AM -- 12:00 PM Fridays

Please include the following information in all inspection requests:

- a) Permit number
- b) Applicant name
- c) Type of inspection
- d) Job location

**Permits shall expire after 360 days.** Any permit holder may extend the permit beyond 365 days by paying 1/2 the original cost of the permit.

COMPLIANCE WITH THE EAGAR BUILDING AND ZONING CODES IS MANDATORY FOR ALL  
CONSTRUCTION AND DEVELOPMENT IN EAGAR. PLEASE BECOME AWARE OF THE CODES BEFORE  
PROCEEDING WITH ANY PROJECT.

RESIDENTIAL APPLICATION CONTINUED



APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
PO BOX/STREET CITY STATE ZIP

PHONE # H- \_\_\_\_\_ W- \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
PO BOX/STREET CITY STATE ZIP

PHONE # H- \_\_\_\_\_ W- \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
POBOX/STREET CITY STATE ZIP

PHONE #: \_\_\_\_\_ AZ CONTR. LIC. #: \_\_\_\_\_ CLASS \_\_\_\_\_

NO. OF BLDGS: \_\_\_\_\_

TYPE OF WORK:

- |                                      |   |                                     |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> NEW HOME    | <input type="checkbox"/> ROOM ADDITION          | <input type="checkbox"/> REMODEL    |
| <input type="checkbox"/> GARAGE      | <input type="checkbox"/> CARPORT                | <input type="checkbox"/> BARN       |
| <input type="checkbox"/> PATIO       | <input type="checkbox"/> DECK                   | <input type="checkbox"/> SHED       |
| <input type="checkbox"/> WORKSHOP    | <input type="checkbox"/> ELECTRIC SERVICE PANEL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> OTHER _____ |   |                                     |

PROPOSED USE:

DWELLING  BUSINESS  STORAGE  OTHER \_\_\_\_\_

JOB SITE LOCATION: (\*GIVE AT LEAST ONE OF THREE)

\*STREET ADDRESS: \_\_\_\_\_

\*SUBDIVISION, LOT, BLOCK, OR SECTION: \_\_\_\_\_

\*PARCEL ID # (I.E.- 104-XX-XXX) \_\_\_\_\_

CHECK ONE:

SEPTIC \_\_\_\_\_ SEWER \_\_\_\_\_

DATE

SIGNATURE

RETURN THIS APPLICATION ALONG WITH REQUIRED DRAWINGS TO THE BUILDING DEPARTMENT  
**AN INCOMPLETE APPLICATION MAY DELAY PROCESSING**

I am currently a licensed contractor: Name \_\_\_\_\_

License No. **ROC** \_\_\_\_\_ License Class \_\_\_\_\_

Signature \_\_\_\_\_  
(Title) \_\_\_\_\_

**EXEMPTION FROM LICENSING**

**I am exempt from Arizona contractors' license laws on the basis of the license exemptions contained in A.R.S §32-1121A., namely:**

**A.R.S §32-1121A.5 – I am the owner/builder of the property and the property will not be sold or rented for at least one year after completion of this project.**

**A.R.S §32-1121A.6 – I am the owner/developer of this property and I will contract with a licensed general contractor to provide all construction services. All contractors' names and license numbers will be included in all sales documents.**

**Other -** \_\_\_\_\_  
(Please specify)

I understand that the exemption provided by A.R.S §32-1121A.14 (the Handyman Exemption) does not apply to any construction project which requires a building permit and/or the total cost of materials and labor are \$750 or more

**I will be using the following licensed contractors on this project:**

\_\_\_\_\_ License No. **ROC** \_\_\_\_\_ Class \_\_\_\_\_  
(General Contractor)

\_\_\_\_\_ License No. **ROC** \_\_\_\_\_ Class \_\_\_\_\_  
(Mechanical Contractor)

\_\_\_\_\_ License No. **ROC** \_\_\_\_\_ Class \_\_\_\_\_  
(Electrical Contractor)

\_\_\_\_\_ License No. **ROC** \_\_\_\_\_ Class \_\_\_\_\_  
(Plumbing Contractor)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Falsification of information on this document for the purpose of evading State licensing laws is a Class II misdemeanor pursuant to A.R.S §13-2704.**