



TOWN OF QUARTZSITE

PLANNING AND ZONING DEPARTMENT

465 NORTH PLYMOUTH AVENUE • PO BOX 2812 • QUARTZSITE, AZ 85346

PHONE: 928 927-4333 • FAX: 928 927-4400

ARIZONA RELAY SERVICE (928) 927-3762 (TDD)

WEB SITE: WWW.CI.QUARTZSITE.AZ.US

Permit # _____

Type of Application: **Electric** **Plumbing** **Mechanical**

Owners Name and Business Name (if Applicable): _____
 Phone #: () _____ Fax#: () _____ Cell Phone #: () _____
 Address: (number, street, city, state, zip) _____ Email: _____
 Site Address: _____ Parcel No.: _____

Contractor: _____ Contact Name: _____
 Phone #: () _____ Fax#: () _____ Cell Phone #: () _____
 Address: (number, street, city, state, zip) _____ Email: _____
 AZ Contractor License#: _____ Type: _____ City License #: _____ Sales Tax #: _____
 AZ Architect/Engineer of Record: _____ Contact Name: _____
 Phone #: () _____ Fax#: () _____ Cell Phone #: () _____
 Address: (number, street, city, state, zip) _____ Email: _____

Proposed Use _____ Type of Work _____
 (Residential, Commercial, Other) (New, Repair, Alteration, Other)

Plumbing ___ # of Fixtures, Traps, Sets/Traps ___ # of RV Water Taps ___ # water heater and/or vent ___ Install, Alter or Repair Water Pipe ___ Install, Alter or Repair Gas Pipe ___ Industrial Waste Pre-Treatment ___ Alter or Repair of Drain or Vent Piping ___ Lawn Sprinkler System/Meter ___ # of Bldg or Trler Sewer Taps ___ #RV Sewer Traps ___ Atmospheric Type Vacuum Breakers ___ Backflow Protective Device Other than Atmospheric ___ Graywater System Other _____ .	Electrical ___ # of Service Entrances Less Than 200 Amp ___ # of Service Entrances More Than 200 Amp ___ Total # of Branch Circuits ___ RV Pedestals ___ # of Private Swimming Pools ___ Temporary Service Entrance ___ Temporary Holiday Lighting ___ # of Receptacles, Switches & Light Outlets ___ # of Light Fixtures ___ # of Residential Appliances ___ # of Nonresidential Appliances ___ # Power Apparatus Rating HP ___ # of Busways ___ Sign first 660 VA's= ___ Additional 660 Sign VA's= Other _____ .	Mechanical ___ Furnaces ___ Appliance Vents ___ Repairs or Additions to heating, refrigeration, ___ cooling absorption system ___ Boilers, Compressors and Absorption Systems ___ Air Handlers ___ Evaporative Coolers ___ Ventilation and Exhaust ___ Incinerators Other _____ .
---	---	---

Signature _____ Date _____
 Receipt Number _____ Check No. _____ Amount _____ Date _____ Rec'd By _____
 Zoning Approval _____ Building Official _____



TOWN OF QUARTZSITE

PLANNING AND ZONING DEPARTMENT

465 NORTH PLYMOUTH AVENUE • PO BOX 2812 • QUARTZSITE, AZ 85346

PHONE: 928 927-4333 • FAX: 928 927-4400

ARIZONA RELAY SERVICE (928) 927-3762 (TDD)

WEB SITE: WWW.CI.QUARTZSITE.AZ.US

- I certify I am currently licensed under the provisions of the Arizona Registrar of Contractors for the work.
- I am the owner of this property and I am doing my own work.
- I am exempt from the provisions of the Arizona Registrar of Contractor's regulations.

INSPECTIONS ARE REQUIRED PRIOR TO CONCEALMENT

Signature _____ Date _____
Receipt Number _____ Check No. _____ Amount _____ Date _____ Rec'd By _____
Zoning Approval _____ Building Official _____