



# Construction Permit Application

**Development Services  
Department**  
90 E. Civic Center Dr.  
Gilbert, AZ 85296  
(480) 503-6700-Phone  
(480) 497-4923-Fax  
[www.gilbertaz.gov](http://www.gilbertaz.gov)

*A Community of Excellence*

Arizona Revised Statute [\(A.R.S.\) 32-144](#) generally requires that tenant improvement plans and miscellaneous building plans be prepared, sealed and signed by an Arizona registered design professional (architect and/or engineer). Review [A.R.S. 32-144](#) for exceptions.

Permit Number: \_\_\_\_\_

Project Address \_\_\_\_\_ Lot # \_\_\_\_\_ Suite # \_\_\_\_\_

Recorded Subdivision \_\_\_\_\_ Parcel # \_\_\_\_\_

Project Name \_\_\_\_\_ Project Valuation \_\_\_\_\_

Type of Submittal:  New Commercial  Tenant Improvement  Misc. Commercial  Permanent Sign  Temporary Sign  
 New Residential  Misc. Residential  Pool/Spa  Plan Change\*  Deferred \*

*Please reference the [Commercial Projects Checklist](#) or [Residential Projects Checklist](#) for submittal documents required.*

\*For Plan Change and Deferred Submittals please reference Original Permit # \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

Square Footage: New Construction \_\_\_\_\_ Tenant Improvement \_\_\_\_\_ Carport(s) \_\_\_\_\_ Signage \_\_\_\_\_  
Livable \_\_\_\_\_ Garage \_\_\_\_\_ Patio(s)/Porch(es) \_\_\_\_\_ Ramada \_\_\_\_\_ Spa \_\_\_\_\_ Pool \_\_\_\_\_

For Standard Plans (must submit checklist with application): Plan Number \_\_\_\_\_ Circle Elevation(s) to be used: No. of Stories \_\_\_\_\_

**Owner/Tenant Information:**

A B C D E F G H I J

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Architect/Designer Information:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor Information:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner/Tenant Other \_\_\_\_\_

**Applicant:**  Architect/Engineer \_\_\_\_\_

Contractor \_\_\_\_\_ (name, address & phone number)

Contact Person: \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

*Plan review fees are payable in full at the time of submittal. See Development Services Fee Schedule for more information.*

*Projects valued at \$50,000.00 or more will require a Bond Exemption Certificate from AZ Dept. of Revenue prior to permit issuance.*

*Permits not picked up within 60 days of notification of approval may require resubmittal and incur additional fees.*

I CERTIFY THAT I HAVE THE AUTHORITY TO SIGN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IS CORRECT.

Print Name \_\_\_\_\_ Signature of Owner/Authorized Agent/Tenant \_\_\_\_\_ Date \_\_\_\_\_

Total Fees Due \_\_\_\_\_

**STATEMENT OF CONTRACTOR/APPLICANT MADE IN CONNECTION  
WITH APPLICATION FOR PERMIT, PURSUANT TO [A.R.S. §32-1169.A](#)**

Contractor/applicant provides the following statement pursuant to [A.R.S. §32-1169.A](#)  
(Check one and fill in the information requested):

- Contractor is currently licensed pursuant to the provisions of Arizona Revised Statutes, Title 32, Chapter 10.  
Contractor's Arizona license number is \_\_\_\_\_.  
Contractor's privilege license number pursuant to [A.R.S. §42-5005](#) is \_\_\_\_\_.
- Applicant is not a licensed contractor and is exempt from the provisions of Arizona Revised Statutes, Title 32, Chapter 10, [A.R.S. §32-1121](#). Provide the following information:

**The basis of the exemption is as follows:**

\_\_\_\_\_

\_\_\_\_\_

Pursuant to [A.R.S. §32-1169.A](#), if you purport to be exempt from the licensing requirements set forth in Arizona Revised Statutes Title 32, Chapter 10, you are required to provide the name and license number of any general, mechanical, electrical or plumbing contractors who will be employed on the work.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

License No: \_\_\_\_\_ License No: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

License No: \_\_\_\_\_ License No: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

License No: \_\_\_\_\_ License No: \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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**For Department Use Only**

*Permit(s)* \_\_\_\_\_

*Single statement may be used for consecutively numbered permits*