



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

THIS INFORMATION TO BE FILLED IN BY TOG STAFF ONLY

PERMIT TYPE _____

REVIEW TYPE _____

FEES CALCULATED BY _____

NUMBER OF REVIEW DAYS _____

QUALITY CONTROL DONE BY _____

Permit Number (To be assigned by TOG staff) _____

For Plan changes or Deferred submittals provide Original Building Permit Number _____

Project Name _____

Project Address _____ Project Valuation _____

Suite or Lot# _____ Parcel # _____ Recorded Subdivision _____

Description of work to be performed _____

Provide Square footage for: New Buildings, Tenant Improvements, Remodels, Additions, Pools and Spas

Commercial _____ TI/Remodel _____ Livable _____ Garage _____ Patio/Porch _____ Pool _____ Spa _____

For Calendar & Temporary signs provide area of Sign _____ For Fire Sprinklers provide number of Heads _____

For Production Home Builders provide

Master Permit # BLD- _____ Model # _____ Elevation(s) _____

Property Owner or Tenant Information - Name _____ Phone number _____

Address _____ City _____ State _____ Zip _____

Architect or Designer Information -Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Contractor Information - Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Statement of Applicant or Contractor made in connection with application for permit, pursuant to [A.R.S. §32-1169.A](#)

Owner Occupant of a Residential Property

Contractor is currently licensed pursuant to the provisions of Arizona Revised Statutes, Title 32, Chapter 10

ROC license number is _____ 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 basis of exemption and name & license number of contractors who will be performing work on separate form.

Applicant is Owner or Tenant Architect or Engineer Designer Contractor Other _____

Print Name _____ Signature _____ Date _____

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

Contact Person _____ Phone Number _____ Email _____

Plan review fees may be required at time of plan submittal