

BUILDING PERMIT APPLICATION



Town of Florence
 Community Development
 Building Safety Division
 224 W. 20th Street / P.O. Box 2670
 Florence, AZ 85132
 Phone (520) 868-7575
 Inspection Line (520) 868-7601
 Email: tofpermits@florenceaz.gov
 Website: www.florenceaz.gov

OFFICE USE ONLY	
PROJECT #:	
PERMIT FEE:	\$
*PLAN FEE:	\$
MISC FEE:	\$
TOTAL DUE:	\$

Residential Commercial

APPLICANT	Date:	Applicant Name:	Email:
	Relationship to Project::		Contact Phone:

PROPERTY INFORMATION	Owner or Business Name:	Phone Number:
	Project Address:	Unit / Lot Number:
	Email:	Parcel Number:

CONTRACTOR INFORMATION	General Contractor Name:		
	Address:	City:	Zip Code:
	Email:	Phone Number:	
	ROC Number:	Town of Florence Business License:	
	Project Manager's Name:		
	Address:	City:	Zip Code:
	Email:	Phone Number:	

TYPE OF STRUCTURE	RESIDENTIAL	COMMERCIAL	MISCELLANEOUS
	<input type="checkbox"/> Addition <input type="checkbox"/> Accessory Building <input type="checkbox"/> New SFR <input type="checkbox"/> Standard Plan # _____ <input type="checkbox"/> Patio Cover / Awning	<input type="checkbox"/> Carport <input type="checkbox"/> MH / Park Model <input type="checkbox"/> Solar <input type="checkbox"/> Remodel <input type="checkbox"/> Other	<input type="checkbox"/> Fireworks <input type="checkbox"/> Signage Accessory <input type="checkbox"/> Building <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Grading Quantities (cut & fill) CY _____
		<input type="checkbox"/> New Building <input type="checkbox"/> Solar <input type="checkbox"/> Addition	<input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Lot Combination <input type="checkbox"/> Mechanical <input type="checkbox"/> Irrigation <input type="checkbox"/> Pool / Spa <input type="checkbox"/> Roofing <input type="checkbox"/> Demolition <small>*May require Asbestos Abatement from Pinal County prior to permit issuance*</small>

PROJECT INFORMATION	Scope of Work		
	Detailed description of work being performed:		
	VALUATION (Labor and Materials): \$		Square Footage (added):
	Present Occupancy:	Proposed Occupancy (if different):	
	Construction Type:	Fire Rating:	

This application is NOT a permit. NO work will be allowed to take place until a permit is issued by the Town of Florence and posted by Permittee on-site. The permit will be subject to general conditions set forth herein and any special conditions applicable to the scope of work. A contractor's written estimate or the owner's material list (if owner-builder), plan review fee (based on written estimate), and two (2) sets of construction drawings must accompany this application. The filing of this application and the payment of fees does not guarantee or grant the issuance of a permit. * Plan review fees are non-refundable.

Signature of Applicant: _____

Date: _____

FOR OFFICE USE ONLY	
Setbacks Verified By:	Fire Review Completed By:
Historical District Verified By:	Public Works Review Completed By:

Compliance Review: _____ Date: _____

Plan Review: _____ Date: _____



Town of Florence

Community Development
Building Safety Division
224 W. 20th Street, P.O. Box 2670
Florence, AZ 85132

Phone: (520) 868-7575 Email: tofpermits@florenceaz.gov

INSPECTIONS APPLICABILITY
RIGHTS AND
RESPONSIBILITIES

Address: _____

Purpose of Inspection: _____

(A.R.S. § 9-833 A) A municipal or regulator who enters any premises of a regulated person for the purposes of conducting an inspection shall:

- 1. Present photo identification on entry of the premises
2. State the purpose of the inspection and the legal authority for conducting the inspection
3. Disclose any applicable inspection fees

Except for the fire and life safety inspection areas that are accessible to the general public or a food and swimming pool inspection, afford an opportunity to have an authorized on-site representative of the regulated person accompany the municipal inspector or regulator on the premises, except during inspection interviews.

- 4. Provide notice of the rights to have:
- Copies of any original documents taken by the municipality during the inspection if the municipality is permitted by law to take original documents
- A split or duplicate of any samples taken during the inspection if the split or duplicate of any samples, if appropriate, would not prohibit an analysis from being conducted or render an analysis inconclusive
- Copies of any analysis performed on samples taken during the inspection
5. Inform each person whose conversation with the municipal inspector or regulator during the inspection that the conversation is being tape recorded
6. Inform each person interviewed during the inspection that statements made by the person may be included in the inspection report

You have the right to appeal the final decision of a municipality based on the results of an inspection to:

Town of Florence
Building Safety Official
James Allen
(520) 510-5446
Email: james.allen@florenceaz.gov

If you have any questions regarding this inspection, you may contact:
Cody Curtis (520) 510-5727
Email: cody.curtis@florenceaz.gov

By signing below, I _____ have read and understand my rights as prescribed above.

Signature Date

Not available or Refusal to sign by regulated person or on-site representative:

Town of Florence Date

(A.R.S. § 9-833 D) A municipality that conducts an inspection shall give a copy of or provide electronic access to, the inspection report to the regulated person or on-site representative of the regulated person either;

- At the time of inspection
- Notwithstanding any other law, within thirty (30) working days after the inspection
- As required by Federal law

(A.R.S. § 9-833 E) The inspection report shall contain deficiencies identified during an inspection. Unless otherwise prescribed by law, the municipality may provide the regulated person an opportunity to correct the deficiencies unless the municipality determines that the deficiencies are;

- Committed intentionally
- Not correctable within reasonable period of times by the municipality
- Evidence of pattern of non-compliance
- A risk to any person, the public health, safety or welfare or the environment

(A.R.S. § 9-833 F) If the municipality allows the regulated person an opportunity to correct the deficiencies pursuant to subsection E of this section, the regulated person shall notify the municipality when the deficiencies have been corrected. Within thirty (30) working days of receipt of notification from the regulated person that the deficiencies have been corrected, the municipality shall determine if the regulated person is in substantial compliance and notify the regulated person whether or not the regulated person is in substantial compliance, unless the determination is not possible due to conditions of normal operations at the premises. If the regulated person fails to correct the deficiencies or the municipality determines the deficiencies have not been corrected within a reasonable period of time, the municipality may take enforcement action authorized by law for the deficiencies.

(A.R.S. § 9-833 G) A municipality's decision pursuant to subsection E or F of this section is not an appealable municipal action.

(A.R.S. § 9-833 H) At least once every month after the commencement of the inspection, a municipality shall provide a regulated person with an update, in writing or electronically, on the status of any municipal action resulting from an inspection of the regulated person. A municipality is not required to provide an update after the regulated person is notified that no municipal action will result from the municipality's inspection of after the completion of the municipal action resulting from the municipality's inspection.

(A.R.S. § 9-833 I) This section does not authorize an inspection or any other act that is not otherwise authorized by law.

(A.R.S. § 9-833 J) This section applies only to inspections necessary for the issuance of a license or to determine compliance with licensure requirements. This section does not apply;

- To criminal investigations, investigations under tribal-state gaming compacts and undercover investigations that are generally or specifically authorized by law
- If the inspector or regulator has reasonable suspicion to believe that the regulated person may be or has been engaged in criminal activity
- To inspections by a county board of health or local health department pursuant to section 36-603

(A.R.S. § 9-833 K) If an inspector or regulator gathers evidence in violation of this section, the violation shall not be a basis to exclude the evidence in a civil or administrative proceeding, if the penalty sought is the denial, suspension or revocation of the regulated person's license or a civil penalty of more than one thousand dollars.

(A.R.S. § 9-833 L) Failure of a municipal employee to comply with this section:

- Constitutes cause for disciplinary action or dismissal pursuant to adopted municipal personnel policy
- Shall be considered by the judge and administrative law judge as grounds for reduction of any fines or civil penalty

(A.R.S. § 9-833 M) A municipality may adopt rules or ordinances to implement this section

(A.R.S. § 9-833 N) This section:

- Shall not be used to exclude evidence in a criminal proceeding
- Does not apply to a municipal inspection that is requested and scheduled by the regulated person



Town of Florence
Community Development
Building Safety Division
 224 W. 20th Street, P.O. Box 2670
 Florence, AZ 85132

Phone: (520) 868-7575 Email: tofpermits@florenceaz.gov

OWNER AUTHORIZATION FORM
Original or a copy must be submitted to Building Safety
NO ELECTRONIC SIGNATURES PERMITTED

I/we, the undersigned, do hereby grant permission to: _____
 to act on my/our behalf for the purpose of obtaining a building permit for the reason(s) checked below:

Residential:

- Accessory Building Addition Carport Patio Cover
 Solar Remodel New SFR MH – Park Model

Commercial:

- Accessory Structure Addition Signage Solar
 Tenant Improvement

Miscellaneous:

- Certificate of Occupancy Electrical Gas Irrigation
 Lot Combination Mechanical Plumbing Pool / Spa
 Roofing Demo Other _____

Owner(s):

Print Name #1: _____ Print Name #2: _____

Address: _____

Phone #: _____

Signature #1: _____ Signature #2: _____