

Town of Wellton
Building Safety Division

28634 Oakland Avenue
P.O. Box 67
Wellton, Arizona 85356
Phone: (928) 785-3348
Fax: (928) 785-4374

Building Permit Application

Type of Permit Requested

- Building
- Plumbing
- Mechanical
- Electrical
- Fire Sprinkler
- Demolition

Permit #: _____



Project Address: _____

Subdivision: _____ Lot: _____

Property Owner:		Phone:	
Address:		Fax:	
City, State, Zip:		Cell:	
E-mail:			

Contractor:		Phone:	
Address:		Fax:	
City, State, Zip:		Cell:	
E-mail:			

Designer/Architect:		Phone:	
Address:		Fax:	
City, State, Zip:		Cell:	
E-mail:			

Engineer:		Phone:	
Address:		Fax:	
City, State, Zip:		Cell:	
E-mail:			

Does this Address have overhead service: Yes No

Does this address have septic: Yes No If No, County Permit #: _____
(Attach Copy)

Scope of Work: _____

Type of Construction: _____ Square Footage: _____

Valuation: _____ Permit Fees: _____

Owner's Declaration:

I hereby affirm that I am exempt from the State Contractor's License Law, ARS 32-1121, for the following reason:

Owners of property who improve such property or who build to improve structures or appurtenances on such property and who do the work themselves, with their own employees or with duly licensed contractors if the structure, group of structures or appurtenances, including the improvement thereto, are intended for occupancy solely by the owner and are not intended for sale or for rent.

Owners of property who are acting as developers and who build structures or appurtenances on their property for the purpose of sale or rent and who contracts for such a project with a licensed general contractor or specialty contractor. (Complete the Contractor Information section.) I have provided a list of any general, mechanical, electrical or plumbing contractors that will be on the project.

Signature: _____ Date: _____

Licensed Contractor's Declaration:

I hereby affirm that I am licensed under provisions of Arizona Revised Statute 32-1169A

ROC License #: _____ Expiration Date: _____

Signature: _____ Date: _____

I hereby certify that I have been authorized by the owner to make application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction. I understand that applications for which no permit is issued within 180 days following the date of this application shall be expired by limitation, and plans and any other data submitted for review may thereafter be returned to the applicant or destroyed by the building official.

Signature: _____ Date: _____

Option for Multiple Resubmittals and Time Extensions for the Substantive and Overall Review Time Frames

Senate Bill 1598 (A.R.S. § 9-835 (G) and (I)), allows for only one comprehensive request for additional information by the Town to the applicant during the Substantive Review Time Frame. Following review of the initial plans submittal and one resubmittal, the building permit must be either granted or denied. If the permit is denied, a new permit application and plans must be submitted, payment of a new plan review fee is required, and a new Overall Time Frame shall commence.

Pursuant provisions of Senate Bill 1598 (A.R.S. § 9-835 (H)), the Town and the applicant may mutually agree to allow for multiple requests for information to occur during the Substantive Review Time Frame, to allow for additional plan resubmittal review. A corresponding time extension of twenty-five percent of the Overall Time Frame will be added for each additional resubmittal.

By signing this option, I hereby agree to allow for multiple requests for information with time extensions.

Name: _____ Title: _____

Signature: _____ Date: _____

Contact person to answer questions and provide assistance during the building permit application and review process:

**Ashley Espino, Permit Clerk
Phone: 928-785-3348
Fax: 928-785-4374
E-mail: aespino@town.wellton.az.us**

OFFICIAL USE ONLY

Sq. Ft.

House: _____

Patio: _____

Laundry Room : _____

Garage: _____

Awning: _____

Metal Building: _____

Balcony: _____

Warehouse: _____

Addition: _____

Shed: _____

Office: _____

Other: _____

Carpport: _____

Storage: _____

Other: _____

Valuation

House: _____

Patio: _____

Laundry Room: _____

Garage: _____

Awning: _____

Metal Building: _____

Balcony: _____

Warehouse: _____

Addition: _____

Shed: _____

Office: _____

Other: _____

Carpport: _____

Storage: _____

Other: _____

Type of Construction: _____

Occupancy Class: _____

Occupant Load: _____

Zoning District: _____

Flood Zone: Yes No

Building Safety Department Approve Disapprove

Signature: _____ Date: _____

Permit: \$ _____

Plumbing: \$ _____

Plan Check Fee: \$ _____

Mechanical: \$ _____

Total Permit: \$ _____

Electrical: \$ _____