



TOWN OF SUPERIOR
199 N LOBB AVE, SUPERIOR, AZ 85173/520-689-5752

Permit:
Date:

WALL/FENCE PERMIT PERMIT

TYPE OF WALL/FENCE: *SUBDIVISION RESIDENTIAL COMMERCIAL **RETAINING
PARCEL

SUBDIVISION/PARK LOT#

STREET ADDRESS: CITY/STATE/ZIP

PROPERTY OWNER(S) ADDRESS

CITY/STATE/ZIP PHONE

CONTRACTOR ADDRESS

CITY/STATE/ZIP LICENSE/CLASS

HEIGHT OF FENCE/WALL IN FRONT YARD VARIANCE: YES NO N/A
HEIGHT OF FENCE/WALL IN REAR & SIDE YARD VARIANCE: YES NO N/A

LINEAL FOOTAGE *(Only required for Subdivision Walls/Fences)

HEIGHT X LENGTH = TOTAL **(Only required for Retaining Walls)

CONTACT PERSON (WHO DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP AND/OR QUESTIONS?):

NAME PHONE
EMAIL

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

PRINT NAME PLEASE SIGNATURE OF OWNER/ AGENT DATE

*****FOR OFFICE USE ONLY*****

AREA: N S E W PERMIT FEE: SUBMITTAL FEE:
NON CONF: PLAN REVIEW FEE: ZONING FEE:
ZONE: INSPECTION FEE: DESIGN FEE:
ECD: PRINTING/MISC FEE:
TOTAL FEE:



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(Incomplete applications will not be accepted)

PROPERTY OWNER AUTHORIZATION FORM

I (property owner) _____

hereby authorize (owner's agent) _____

To make application to Town of Superior for the following (description of work)

Assessor Parcel Number: _____

Physical Address: _____

City/Town: _____ State: AZ Zip: _____

By signing this Form, I acknowledge and agree that I am not released from responsibility for: (1) the payment of any and all fees associated with the issuance of any permits, orders, notices or other approvals ("Approvals") by Town of Superior pursuant to my agent's application; (2) the satisfactory completion of all work authorized by such Approvals in compliance with all applicable county, state and federal laws, codes, rules, regulations and requirements; and (3) correcting any violations of the terms and conditions of such Approvals issued by Town of Superior pursuant to my agent's application.

Property Owner: _____

Phone Number: _____

By (signature): _____

Email: _____

Name: _____

Date: _____