



TOWN OF SUPERIOR
 199 N LOBB AVE, SUPERIOR, AZ 85173/520-689-5752
EXISTING STANDARD PLAN ONLY PERMIT

Permit :
Date:

This application must follow with two-site plan (drawn to scale)
 Please allow up to 10 working days for processing
 Incomplete applications will not be accepted

JOB/STREET ADDRESS _____

PARCEL _____

LEGAL DESCRIPTION: _____

PROPERTY OWNER _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

BUILDER/ CONTRACTOR _____ LIC# & CLASS _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

SETBACKS (FROM EAVES): FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____

EXISTING USE _____ PROPOSED USE _____

Is there a wash/watercourse on property? Check one: Yes or No Initials: _____

<u>ACTUAL BUILDING AREA</u>	<u>BUILDING HEIGHT</u>	<u>UTILITY PROVIDER:</u>
1 ST FLOOR _____ sq.ft. _____	_____	SEPTIC: YES NO (Check one)
2 ND FLOOR _____ sq.ft. _____	_____	WATER CO: _____
GARAGE _____ sq.ft. _____	_____	GAS CO: _____
PORCH/PATIO _____ sq.ft. _____	_____	ELECT. CO. _____
TOTAL SQ FT: _____ # OF BEDROOMS: _____		

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION.
 I ACKNOWLEDGE AND AGREE THAT THE MAXIMUM SQUARE FOOTAGE APPROVED WITH THE STANDARD PLAN APPLICATION SHALL
 SERVE AS THE BASIS FOR DETERMINING BUILDING VALUATION AND PERMIT FEES, AND THE TOTAL LIVABLE SQUARE FOOTAGE APPROVED
 WITH THE STANDARD PLAN APPLICATION SHALL SERVE AS THE BASIS FOR DETERMINING DEVELOPMENT FEES.
 I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

PRINT NAME SIGNATURE DATE

CONTACT PERSON / PHONE / E-MAIL

***** FOR OFFICIAL USE ONLY*****

SPECIAL CONDITIONS: _____

MIN SETBACKS:

FRONT _____ SIDE _____ REAR _____ ST SIDE
 STEMWALL TO BLDG WALL ARCHITECTURAL FEATURES MAY ENCROACH 2'

AREA: N S E W	TYPE OF CONSTR: _____	ZONING FEE: _____
NON CONF: _____	OCC. CLASS: _____	PLAN REVIEW FEE: _____
ZONE: _____	OCCUPANT LOAD: _____	PERMIT FEE: _____
ECD: _____	VALUATION: _____	DESIGN FEE: _____
	ADDRESSING Y or N FEE: _____	SUBMITTAL FEE: _____
		PRINTING/MISC FEE: _____
		TOTAL FEE: _____



TOWN OF SUPERIOR

199 N Lobb Ave, Superior, AZ 85173
520-689-5752

(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: _____