



Building Development

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Peoria, AZ 85345
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building.applications@peoriaaz.gov
www.peoriaaz.gov/building

Permit#: _____

For Office Use Only

Self-Certification Program Permit Application

Application Information

Project Name: _____ Submittal Date: _____

Description of Work: _____

Square Footage/Valuation: _____

Property Information

Property Address: _____

Property Location: _____

Business Name: _____

Assessor Parcel Number: _____ Lot Number: _____

Subdivision Name: _____

Property Owner Information

Name: _____ Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Alternate Phone: _____ Email: _____

Primary Contact Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person 1: _____ Title: _____

Phone: _____ Email: _____

Contact Person 2: _____ Title: _____

Phone: _____ Email: _____

Only the primary contact(s) listed above will be notified of submittal status.

Permit#: _____

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General Contractor Information

Company Name (and business name if different): _____

Address: _____

City: _____ State: _____ Zip Code: _____

ROC AZ License Number: _____ Business License: _____

Contact Person 1: _____ Title: _____

Phone: _____ Email: _____

Contact Person 2: _____ Title: _____

Phone: _____ Email: _____

Falsification of information on this document for the purpose of evading State Licensing Laws is a Class II Misdemeanor pursuant to ARS § 13-2704.

Professional of Record Information

Name: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Arizona License Number: _____ Email: _____

Self-Certification Date of Completion: _____ Certificate Number: _____

Professional of Record Signature: _____

The owner or authorized agent for the owner of the subject lot or parcel guarantees the information and plans provided to the City are correct to the best of their knowledge. This includes information regarding recorded lot dimensions and the location of structures.

Owner or Agent Printed Name: _____

Owner or Agent Signature: _____ Date: _____