Town of Camp Verde

Community Development Department – Building Division

♦ 473 S. Main Street, Suite 108 ♦ Camp Verde, Arizona 86322 ♦
♦ Telephone: 928.554.0050 ♦ Fax: 928.567.7401 ♦
♦ www.campverde.az.gov ♦

COMMERCIAL TENANT IMPROVEMENT PERMIT APPLICATION

Note: To ensure the most expedient permit processing, commercial applicants must receive approval for Development Standards Requirements through the Planning & Zoning Department prior to submitting an application for construction. Plans that do not meet the exception requirements of ARS §32-144 shall be designed and sealed by an Architect/Engineer licensed to practice in the State of Arizona. This shall include plans, calculations, and drawings including plumbing, mechanical and electrical in which one (1) set will require an original wet seal.

In order to process a commercial tenant improvement permit application, the following information must be submitted:

- ❑ **Completed Application Packet -** including project information, property information, property owner information, applicant information, designation of agent, contractor information, plot plan sketch, request for temporary electric service (if applicable), lumens calculation sheet, special structural inspections certificate, driveways/culvert application (if applicable), fire alarm permit application (if applicable) and fire sprinkler permit application (if applicable).
  Please Note: All contractors must have a valid ROC License and Town Issued Business License.
  - ❑ **Development Standards Approval Letter and Approved Site Plan –** If Applicable.
  - ❑ **Three (3) Sets Of Construction Documents (Plans) –** One (1) Set Provided Must Be Original Wet Seal
- ❑ Plans must be submitted on a minimum of 18" x 24" and a maximum of 36" x 48" size paper at no less than ¼" = 1' and details at ½" = 1'. Plans, including calculations shall be legible and easy to read, and of sufficient clarity to indicate the location, nature and extent of the work proposed.
- ❑ **Cover Sheet –** Including The Following Information:
  - ❑ Contacts (Principal, Company Name, Address & Phone Number)
  - ❑ Parcel Number & Address
  - ❑ Owners Name, Address & Phone Number
  - ❑ Sheet Index
  - ❑ Project Data (Codes Referenced, Zoning, Use, Site Coverage, Occupancy, Building Height, Construction Type, Square Footages, Building Area, Setbacks, Sprinklers, etc.)
- ❑ **Site Plan -** Including An 8.5" x 11" Plot Plan Drawn To Scale Or Dimensioned Indicating The Following:
  - ❑ Assessor's Parcel Number and Project Address
  - ❑ Scale Used (May Be Engineer Or Architect's Scale)
  - ❑ Direction of North
  - ❑ Parcel Diagram (Including Property Lines and Dimensions)
    - o Label front of property.
    - o Label adjacent streets or alleys within 150' of property. Indicate width, length, turning radius and grade.
    - o Indicate location and dimensions of easements that apply with proof of legal access.
    - o Indicate ingress/egress (driveway locations).
    - o Indicate topography, both existing and proposed, with contour lines shown in two (2) foot increments.
    - o Indicate the location of any terrain features that affect placements including washes, creeks or ditches within twenty (20) feet of the building site.
    - o Indicate all existing and proposed buildings and structures (actual footprints).
    - o Indicate dimension and setbacks of all buildings to property lines and between new and existing structures.
    - o Indicate utility easements and lines.
    - o Indicate location of existing or proposed septic tank and leach lines, sewer line(s), water line(s), fire hydrant(s), electric and any other utility lines (including dimensions, size and setback or distance from proposed building).
    - o Indicate location of well (if applicable).
    - o Indicate location of propane tanks (including dimensions, size and setback or distance from proposed building, if applicable).
    - o Delineate parking spaces and include ADA accessibility.
    - o Show calculations for number of required parking spaces for type of use.
    - o Indicate areas to be landscaped (15% of parking area) and list plant types and size.

- ❑ **Architectural Plans –** Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
  - Floor plan for each story showing square footage.
  - Architectural details for fire resistive construction and penetrations.
  - Accessibility requirements and emergency exit plan.
  - Window, door and room finish schedules.
  - Proposed uses.
  - Fire wall location and type.
- ❑ **Structural Plans and Calculations –** Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional.
  - All structural components of the proposed work.
  - Roof framing plan, wall section, details and calculations for all the above.
  - Truss design drawings (with consideration for roof mounted equipment).
  - I-joist include but not limited to the following: foundation plan, floor framing plan, systems with manufacturer's layout and engineering sheets.
- ❑ **Mechanical Plans –** Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
  - Complete mechanical system layout.
  - Calculations and methods of meeting ventilation requirements.
  - Details of equipment installation and condensation drains.
  - Fire damper and penetration details.
  - Kitchen hood system details.
- ❑ **Plumbing Plans –** Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
  - Complete layout for water, gas and drainage systems.
  - Pipe sizing for all proposed systems.
  - Isometric of waste, vent, hot/cold water, and gas systems.
- ❑ **Electrical Plans –** Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
  - Complete layout including location of the service and sub-panels.
  - Details of any special systems.
  - Load calculations, panel schedules and one-line diagram.
- ❑ **Fire Alarm Plans –** Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable). See Attached Camp Verde Fire District Requirements.
- ❑ **Fire Sprinkler Plans –** Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable). See Attached Camp Verde Fire District Requirements.
- ❑ **Commercial Kitchen Hood/Ansul System Plans –** If Not Submitted As Part Of The Mechanical Drawings An Additional Three (3) Sets Of Mechanical Drawings Are Required. See Attached Camp Verde Fire District Requirements.

❑ **ADEQ Asbestos Demolition and Renovation Activities NESHAP Notification Form –** If Applicable.

- Copies of any testing and abatement information to be conducted at the project site.

❑ **Deposit** will be collected upon submittal of application in accordance with the current adopted fee schedule.

Note: Additional Information May Be Required As Determined By The Building Official. A Separate Permit Will Be Required For All Deferred Submittal Items.

AN INCOMPLETE APPLICATION WILL CAUSE YOUR PERMIT TO BE DELAYED

Please Note: The Following Approvals May Be Required Before A Commercial Building Permit Is Issued:

Camp Verde Building Department
Camp Verde Planning & Zoning Department
Camp Verde Public Works Department
Camp Verde Waste Water Division
Camp Verde Fire District
Yavapai County Environmental Services
Yavapai County Flood Control
Yavapai County Health Services – (Submit Plans Directly To Yavapai County For Approval)
Arizona Department of Transportation – ADOT (Submit Plans Directly To ADOT For Approval)
Arizona Department of Environmental Quality – ADEQ (Submit Plans Directly To ADEQ For Approval)

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OFFICIAL USE ONLY:

PERMIT NUMBER:

_____

TIME/DATE STAMP:

APPLICATION FOR PERMIT

PROJECT INFORMATION:

PROJECT TYPE: ☐ RESIDENTIAL ☐ COMMERCIAL ☐ ADDITION ☐ ALTERATION/REMODELING ☐ DEMOLITION ☐ NEW ☐ OTHER

DESCRIPTION OF PROJECT: _____

HAS CONSTRUCTION STARTED ON THIS PROPERTY: ☐ YES ☐ NO SQUARE/LINEAR FOOTAGE: _____ VALUATION: $ _____

PROPERTY INFORMATION:

PARCEL NUMBER: _____ - _____ - _____ PHYSICAL ADDRESS: _____

DITCH INFORMATION (IF APPLICABLE):

DITCH NAME: _____ PROPOSED PROJECT'S DISTANCE FROM DITCH: _____

SANITATION SERVICE PROVIDED BY:

☐ CAMP VERDE WASTE WATER DIVISION (SEWER) ☐ SEPTIC SYSTEM - PERMIT NUMBER: _____

Note: Sewer connection permits must be obtained directly from the Camp Verde Waster Water Division. Please contact the Waste Water Division at (928) 567-6794. Septic permits must be obtained directly from Yavapai County Development Services. Please contact Yavapai County at (928) 639-8151 or www.yavapai.us.

WATER SERVICE PROVIDED BY:

☐ CAMP VERDE WATER COMPANY ☐ VERDE LAKES WATER COMPANY ☐ WELL – PERMIT NUMBER: _____

Note: Well licensing information can be obtained through Arizona Department of Water Resources (ADWR). Please contact ADWR at (602) 771-8500 or www.azwater.gov.

PROPERTY OWNER INFORMATION:

OWNER(S) NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: (_____) _____ - _____ E-MAIL: _____

Note: If you recently purchased this property and Yavapai County does not yet reflect you as the current property owner, you will be required to show proof of ownership documentation at the time of application submittal.

APPLICANT INFORMATION:

☐ OWNER ☐ TENANT ☐ AGENT ☐ CONTRACTOR ☐ OTHER

APPLICANT NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: (_____) _____ - _____ E-MAIL: _____

Attention Applicant: If you are not the property owner, you must have something in writing from the property owner granting you permission to act on their behalf as agent. Or the following Designation of Agent clause must be signed by the property owner:

DESIGNATION OF AGENT

WHEREAS, the above property owner is seeking to develop or improve real property within the municipal limits of the Town of Camp Verde, Yavapai County, Arizona, which will require the filing, processing, and payment of certain zoning, construction and inspection permits and reports, both from the Town and related agencies, and WHEREAS, the owner elects to designate an agent with authority to file and process all necessary permits and information related to property zoning and improvement, including the authority to pay fees and consent to inspections, NOW THEREFORE, the undersigned owner hereby designates:

_____, whose address is: _____,
as agent to file the permit applications and related documents with the Town of Camp Verde, with such authority to continue until the application process is complete or as may be earlier revoked in writing.

OWNER NAME: _____ SIGNATURE: _____ DATE: _____

CONTRACTOR INFORMATION:

ARS §32-1169. Local proof of valid license; violation; penalty. A. Each county, city, or other political subdivision or authority of this state or any agency, department, board or commission of this state which requires the issuance of a building permit as a condition precedent to the construction, alteration, improvement, demolition or repair of a building, structure or other improvement to real property for which a license is required under this chapter, as part of the application procedures which it utilizes, shall require that each applicant for a building permit file a signed statement that the applicant is currently licensed under the provisions of the chapter with the applicant's license number and the applicant's privilege license number required pursuant to ARS Section §42-5005. If the applicant purports to be exempt from the licensing requirements of this chapter, the statement shall contain the basis of the asserted exemption and the name and license number of any general, mechanical, electrical or plumbing contractor who will be employed on the work. The local issuing authority may require from the applicant a statement signed by the registrar to verify any purported exemption. B. The filing of an application containing false or incorrect information concerning an applicant's contractor's license or transaction privilege license with the intent to avoid the licensing requirements of this chapter is unsworn falsification pursuant to ARS Section§13-2704.

I AM CURRENTLY A LICENSED CONTRACOR:

NAME: _____ COMPANY NAME: _____

ROC LICENSE NUMBER: _____ LICENSE CLASS: _____ TOWN BUSINESS LICENSE #: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

Note: All contractors performing work within the Town of Camp Verde are required to obtain a Town Business License. Town Business Licenses can be obtained through the Clerk's Office at 473 S. Main St. Ste. 102, Camp Verde, AZ 86322.

EXEMPTION FROM LICENSING:

I am exempt from Arizona Contractors' License Laws on the basis of the license exemptions contained in ARS §32-1121A, namely:

- ☐ ARS §32-1121A.5 – I am the owner/builder of the property and the property will not be sold or rented for at least one year after completion of this project.
- ☐ ARS §32-1121A.6 – I am the owner/developer of this property and I will contract with a licensed general contractor to provide all construction services. All contractors' names and license numbers will be included in all sales documents.
- ☐ Other – (Please Specify): _____

I understand that the exemption provided by ARS §32-1121A.14 (The Handyman Exemption) does not apply to any construction project which requires a building permit and/or the total cost of materials and labor are $1,000 or more.

I will be using the following licensed contractors on this project:

GENERAL CONTRACTOR	TOWN BUSINESS LICENSE NUMBER	ROC LICENSE NUMBER	LICENSE CLASS
ELECTRICAL CONTRACTOR	TOWN BUSINESS LICENSE NUMBER	ROC LICENSE NUMBER	LICENSE CLASS
MECHANICAL CONTRACTOR	TOWN BUSINESS LICENSE NUMBER	ROC LICENSE NUMBER	LICENSE CLASS
PLUMBING CONTRACTOR	TOWN BUSINESS LICENSE NUMBER	ROC LICENSE NUMBER	LICENSE CLASS

NAME: _____ SIGNATURE: _____ DATE: _____

BUILDING CODE REQUIREMENTS:

2012 INTERNATIONAL BUILDING CODE (IBC) & APPENDIX J
2012 INTERNATIONAL EXISTING BUILDING CODE (IEBC)
2012 INTERNATIONAL FUEL GAS CODE (IFGC) & APPENDICES A, B, C, D
2011 NATIONAL ELECTRICAL CODE (NEC)
2012 INTERNATIONAL RESIDENTIAL CODE (IRC) & APPENDICES M, N, Q
TOWN CODE CHAPTER 7 – BUILDING
2012 INTERNATIONAL ENERGY CONSERVATION CODE (IECC)
2012 INTERNATIONAL FIRE CODE (IFC) & APPENDICES B, C, D
2012 INTERNATIONAL MECHANICAL CODE (IMC) & APPENDIX A
2012 INTERNATIONAL PLUMBING CODE (IPC) & APPENDIX F
2012 INTERNATIONAL SWIMMING POOL AND SPA CODE (ISPSC)

Note: Applicant assumes all responsibility for complying with any deed restrictions (CC&R's) that may apply to the property.

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I DECLARE that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Ordinances of the Town of Camp Verde. I realize that the information that I have stated heron forms a basis for the issuance of the Building Permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the Town Code or any other ordinance or to excuse the owner or his successors from complying therewith. WHERE NO WORK HAS COMMENCED WITHIN 180 DAYS AFTER THE ISSUANCE OF A PERMIT OR WHEN MORE THAN 180 DAYS LAPSES BETWEEN APPROVAL OF REQUIRED INSPECTIONS, SUCH PERMIT SHALL BE VOID. I hereby certify that I am the OWNER at this address or that, for the purposes of obtaining this approval; I am acting on behalf of the owner. All contract work on this project will be done by a contractor holding a valid privilege tax license issued by the Town of Camp Verde and contractor's license issued by the State of Arizona.

NAME: _____ SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY:

Building:	$
Plan Review:	$
Engineering:	$
Fire:	$
Zoning:	$
Total:	$
Deposit Receipt #:	
Balance Due Receipt #:	
Type:	
Application Taken By:	

PLOT PLAN SKETCH:

Show lot/parcel lines and dimensions, adjacent streets and alleys, front of property, driveway, location of all proposed and existing buildings including dimensions, all building setbacks and distances between buildings, location of septic tank and leach lines, locations of incoming water yard lines and meter, electric yard line and meter, gas lines and tanks, any terrain features that affect placements, location and dimensions of easements and any washes, creeks or ditches within twenty (20) feet of the property.

PARCEL NUMBER: _____ INDICATE NORTH: SCALE: _____

I/WE certify that the proposed construction will conform to the dimensions and uses shown and that no changes will be made without first obtaining approval. All structures (including fences, walls and pads, correct setback distances, legal access and easements, cuts, fills, drainage and any water course on or adjacent to the property within twenty (20) feet of any proposed or existing structure has been indicated.

NAME: _____ SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY:

PERMIT NUMBER: _____ APPROVED BY: _____ DATE: _____

REQUEST FOR SOILS CLASSIFICATION WAIVER:

Section 1803.1 of the 2012 International Building Code (IBC), and Section R401.4 of the 2012 International Residential Code (IRC) requires the soil at each construction site to be classified and the bearing capacity to be determined by soils analysis. These determinations are required to be made by a licensed architect or engineer. In lieu of the above, for ***RESIDENTIAL, NON-HABITABLE, ACCESSORY STRUCTURES OF 500 SQUARE FEET OR LESS ONLY,*** the owner of the property or his/her agent may attest to the on-site soil conditions and agree to follow minimum Town standards as required by the International Residential Code (IRC). Although the Town allows for a request of waiver, the Town is not obligated to grant the waiver.

I, _____, being the owner or duly authorized representative of the owner of the property located at:

_____, parcel number _____, hereby request the requirements of the International Code Council (ICC) Code relative to soils reports be waived for the following reasons:

- ☐ No Fill On Site
- ☐ No Expansive Soil On Site
- ☐ Undisturbed Soil
- ☐ Other
- ☐ Existing Structures Have No Foundation Problems
- ☐ Existing Soil Will Be Removed And Replaces With Engineered Fill
- ☐ Footings Will Extend Through Fill And Into Undisturbed Soil To The Required Depth
- ☐ Soils Have Been Classified By An Arizona Architect Or Engineer Who Has Designed The Foundation System

I/We agree to abide by an additional requirements the Town may impose as a condition of granting this request, or alternatively, I/We will exercise the option to retain an Arizona Registered Civil Engineer in the private sector to submit an alternative design for review and approval.

NAME: _____ SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY:

☐ **WAIVER REQUEST GRANTED BASED ON THE DESIGN SUBMITTED AS SHOWN ON PLANS**

☐ **WAIVER REQUEST DENIED**
Your request for waiver of a soils classification/soils investigation report cannot be granted for this project. USDA Survey Maps indicate problem soil conditions in the immediate area. A soils classification by an Arizona Registered Civil Engineer or a Geotechnical Soils Engineer will be required.

DEPARTMENT AUTHORIZATION: _____ **DATE:** _____

REQUEST FOR TEMPORARY ELECTRIC SERVICE:

PARCEL NUMBER: _____ - _____ - _____ ADDRESS: _____

I, _____, by signing this request hereby understand that the issuance of this request for temporary electric service for the address listed above does not constitute the right to occupy said premise without final inspection and certificate of occupancy. A violation of this agreement may result in discontinuance of service.

NAME: _____ SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY:

☐ **REQUEST FOR TEMPORARY ELECTRIC SERVICE GRANTED**

☐ **REQUEST FOR TEMPORARY ELECTRIC SERVICE DENIED**
Your request for temporary electric service cannot be granted for this project.

Reason: _____

_____

_____

_____

_____

DEPARTMENT AUTHORIZATION: _____ **DATE:** _____

Town of Camp Verde

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Attention Building Permit Applicants:

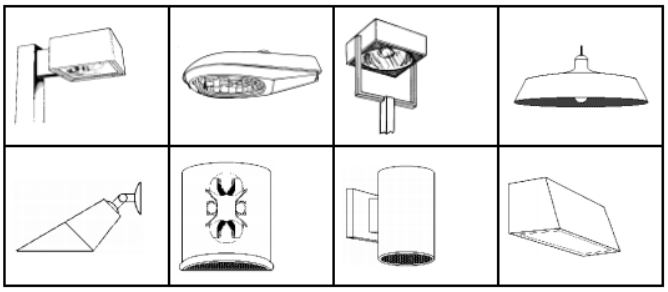
The Town of Camp Verde Community Development Department requires a lumen calculation sheet be submitted with all permit applications for new construction; for both residential and commercial development. To help you understand the information needed to fill out the form, we have included with your building permit application a graphic illustration of the differences between shielded and unshielded light fixtures as well as a lumens chart of different types of light bulbs. ***Note:*** You must use the maximum size bulb allowed by the manufacturer of the fixture to calculate your lumens. This information can be found on the fixture itself or its packaging material.

When filling out the lumens calculation sheet please remember to include your existing outdoor lighting fixtures in addition to your proposed lighting fixtures. Unshielded lights (all types) are limited to a maximum of 5,500 lumens per net acre. Residential parcels and development projects containing one net acre or less are allowed 5,500 lumens of unshielded light (all classes).

For more information on our lighting ordinance please visit our website at http://www.campverde.az.gov to view the most current version of the Planning and Zoning Ordinance (Section 405) or call the office of Community Development at (928) 554-0050. Thank you for helping us protect our dark skies and rural lifestyle!

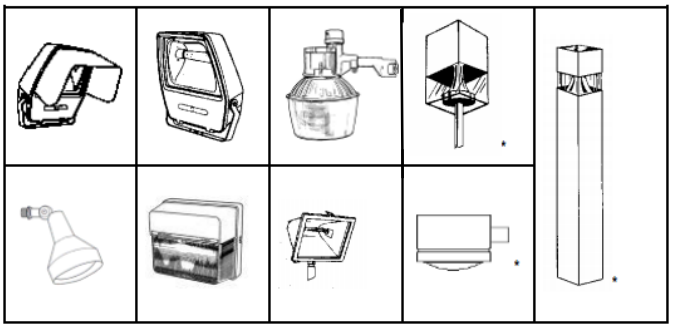
Fully Shielded Examples:

* Note: To be fully shielded these fixtures must be closed on top and mounted such that the bottom opening is horizontal.



Unshielded Examples:

* Note: Even though the lamp in these fixtures is shielded from direct view when viewed from the side or above, reflective surfaces and/or lens convers *are* directlv visible from the side.



Lumen Chart:

Incandescent (Standard) (INC)	
Wattage:	Lumen Output (Initial)
15	120
25	210
40	490
60	855
75	1180
100	1750
150	2800
200	3850
Tungsten Halogen (Quartz) (TH)	
Wattage:	Lumen Output (Initial)
75	1400
100	1800
150	2800
200	3600
250	5000
300	6000
500	10100
Induction Fluorescent (Sylvania Icetron) (IFL)	
Wattage:	Lumen Output (Initial)
70	6200
100	8000
150	12000
T12 Cool-White Flourescent (FL)	
Wattage:	Lumen Output (Initial)
21	1190
30	2050
36	2450
39	3000
50	3700
52	3900
55	4600
70	5400
75	6300
Low - Pressure Sodium (LPS)	
Wattage:	Lumen Output (Initial)
18	1800
35	4800
55	8000
90	13500
135	22500
180	33000

High - Pressure Sodium (Clear) (HPS)	
Wattage:	Lumen Output (Initial)
35	2250
50	4000
70	6300
100	9500
150	16000
200	22000
250	29000
310	37000
350	46500
400	50000
430	51500
1000	140000
Standard Metal Halide (MH)	
Wattage:	Lumen Output (Initial)
100	8000
150	13500
175	15000
250	23000
360	36000
400	40000
1000	110000
Pulse Start Metal Halide (MH)	
Wattage:	Lumen Output (Initial)
50	3400
70	5600
100	9000
150	14000
175	17500
200	21000
250	25000
320	33000
350	37000
400	44000
450	50000
1000	110000
Light Emitting Diode (LED)	
Wattage:	Lumen Output (Initial)
63	3400
90	5400
140	9996
210	12300

LUMEN CALCULATION SHEET

PLEASE ATTACH THE FOLLOWING:

- Site plan indicating placement of each existing and proposed fixture.

FOR ADDITIONAL INFORMATION:

- Refer to Section 405 of P&Z Ordinance 'Outdoor Lighting' and attached information.

IF NO NEW LIGHTING IS BEING ADDED:

- Please fill out the required information at the top of the page and write NO NEW LIGHTING across chart below.

OWNER/AGENT: _____ DATE: _____

SITE ADDRESS: _____ PARCEL NO. _____

SUBDIVISION: _____ PHONE: _____

MAILING ADDRESS: _____

OWNER/AGENT SIGNATURE: _____

I herby file the above request and declare that all information submitted is true and correct to the best of my knowledge and belief. I further acknowledge that any omission of information or any error in my application may void permit.

LIGHTING INVENTORY

List information below for each *fixture* to be used for outdoor illumination (existing and proposed). Use the following Abbreviations:

***LAMP TYPES:**

LED Light Emitting Diode
LPS Low Press, Sodium
HPS High Pressure Sodium
HL Halogen
IN Incandescent
FL Fluorescent

SITE ACREAGE

TOTAL SITE ACRES _____

ACRES FOR RIGHTS-OF-WAY & UNDEVELOPED ACRES_____

NET ACRES:

PURPOSE OR USE	CANOPY SIZE (if applicable)*	LAMP TYPE *(See above)	MAXIMUM DESIGN WATTS EACH	LUMENS EACH	QTY.	SUB-TOTAL **FULLY SHIELDED LUMENS**	**SUB-TOTAL UNSHIELDED LUMENS**	**LUMEN TOTAL**
Existing:								
Proposed:								
						Total Shielded Lumens:	Total Unshielded:	
						TOTAL LUMEN PER NET ACRE		

STAFF REVIEW

APPROVED BY: _____

DATE: _____

SHEET _____ OF _____

*Gas Station Canopies: See Lighting Regulation, under light measurement, for calculating lumen output.

Ball fields and outdoor display areas which exceed 100,000 lumen per acre: I hereby certify that lighting associated with related facilities described above is no greater than minimum illuminance levels for the activity recommended by the IESNA.

_____ _____
Signature of Lighting Engineer Arizona Registrant's No.

Not to exceed 5,500 Unshielded lumen per net acre: nor more than 100,000 total lumen per net acre, overall.

Revised 9/17/14

Town of Camp Verde

Community Development
473 S. Main Street, Suite 108
Camp Verde, AZ 86322

Phone: (928) 554-0050
Fax: (928) 567-7401

Special Structural Inspections Certificate

TO BE COMPLETED BY ENGINEER/ARCHITECT RESPONSIBLE FOR SPECIAL INSPECTIONS

PERMIT #	PROJECT NAME	PROJECT ADDRESS
PARCEL #		
PROJECT OWNER/OWNERS AGENT	MAILING ADDRESS	PHONE #
ENGINEER/ARCHITECT NAME	MAILING ADDRESS	PHONE #
FIRM NAME	EMAIL ADDRESS	FAX #

(Seal, sign and date)

I hereby affirm that I am familiar with the design of this project and have been designated by the Owner/Owner's Agent as the Engineer/Architect responsible for implementing the Special Structural Inspections Program required by the 2012 International Building Code, Chapter 17. I have determined that the types of work checked below require Special Structural Inspection and the individuals(s) or firm(s) named below are qualified to perform the Special Inspections. I understand and agree to inform the project owner, the contractor(s), and the Special Inspector(s) about all Special Inspection Program requirements and limitations, including that the Special Inspector(s) must be independent third-party individual(s) or firm(s) and shall not be the installing contractor(s).

YES	NO	TYPES OF WORK REQUIRING SPECIAL STRUCTURAL INSPECTION (ATTACH SUPPLEMENT IF NECESSARY)	QUALIFIED SPECIAL INSPECTOR, INDIVIDUAL(S) OR FIRM(S) (ATTACH SUPPLEMENTAL IF NECESSARY)
		CONCRETE	
		BOLTS INTALLED IN CONCRETE	
		SPECIAL MOMENT-RESISTING CONCRETE FRAME	
		REINFORCING STEEL AND PRE-STRESSING STEEL TENDONS	
		STRUCTURAL WELDING	
		HIGH-STRENGTH BOLTING	
		STRUCTURAL MASONRY	
		EXPANSION/EPOXY ANCHORS	
		SOILS	
		COMPACTION	
		OTHER (PLEASE SPECIFY)	

BUILDING OFFICIAL'S APPROVAL OF PROPOSAL OF SPECIAL INSPECTION:

BUILDING OFFICIAL:_____ **DATE:** _____

OWNER CERTIFICATION:
I hereby certify that I will employ the aforementioned Special Inspector to perform the inspections shown above.

OWNER/owner applicant:_____ **DATE:** _____

NOTES: Special Inspection weekly reports must be submitted to the owner and to the Building Official within 5 working days of the last day of the week being reported to avoid suspension of the building permit and possible Stop Work Order. A monthly summary letter is required for overall status including any outstanding items that require follow-up. The final special inspection approval letter(s) must be submitted before use or occupancy. Any variation to the special inspection proposal requires prior approval of the Building Official.

PERMIT #_____

DRIVEWAYS / CULVERT
APPLICATION FOR PERMIT TO USE
TOWN OF CAMP VERDE ROADS OR DEDICATED STREETS

The undersigned herewith make application for a permit to enter in upon and use a portion of the right-of-way of the Town of Camp Verde roads or dedicated streets for the purpose of installing a driveway and/or driveway culvert.

LOCATION OF WORK_____
(parcel number and 9ll street address if known)

FOR AND IN THE CONSIDERATION of the granting of a permit for the purpose set forth herein the Permittee hereby agrees, covenants and binds said Permittee as follows, to-wit:

CONDITIONS

1. That the permittee assumes the responsibility and all liability for any injury or damage to said highway, or to any person while using said highway in a lawful manner, caused by or arising out of the exercise of this permit.

2. **Maintenance of driveway and/or driveway culvert shall be the sole responsibility of the property owner and will in no way be responsibility of the Town of Camp Verde**. All work shall be at the sole cost and expense of the permittee and shall be done at such time and in some manner as to be the least inconvenient to the traveling public. No driveway will be approved which causes a hazard to the traveling public.

3. If at any time hereafter the right-of-way, or any portion thereof, occupied and used by the permittee may be needed or required by the Permittee, application may be revoked by the Permitter and all right thereunder terminated and upon sufficient notice, the Permittee shall and will remove all property belonging to said Permittee.

4. All culverts shall be set at the apparent flow line of the ditch. No construction done under this permit shall alter the existing characteristics of the roadway and/or the drainage ditch without prior permission from the Town of Camp Verde Engineer's office.

5. Permit shall be in effect for thirty (30) days from the date issued.

6. MISCELLANEOUS -
   a. Any and all work performed within a Town right-of-way and/or a Town maintained road shall require a permit from the Town of Camp Verde engineer's Office and shall be subject to whatever inspections that shall be deemed necessary by the Town Engineer.
   b. The Permittee shall replace all signs moved or damaged during construction.
   c. During the course of work, the Permittee shall maintain the work area in a clean and orderly condition. When a hazardous condition is created to the traveling public, barricades or proper warning devices should be used. Excess excavation, debris, etc., will not be permitted to accumulate on the road surface of shoulders. Work shall progress in such a manner that no condition such as soft trenches, drop-offs from the edge of the pavement, etc., will exist. Upon completion of installation, the Permittee shall clean the pavement surface, pull and dress shoulders, and otherwise put in order the entire work area covered by the permit to the satisfaction of the Town Engineer or his representative.

IN WITNESS WHEREOF this application has been duly signed this_____day of _____,_____.

Name (Please Print): _____

Mailing Address: _____

_____

Phone Number: _____

_____

Signature of Applicant

****

THIS APPLICATION IS APPROVED WITH THE FOLLOWING REQUIREMENTS:

_____ NCR - No culvert is required at this time. However, if in the future this road is improved, a culvert of the proper size will be required at the owner's expense.

_____" (inside diameter) CMP 16-gauge culvert required.

_____" (inside Diameter) CMP 16-gauge culvert or arch equivalent required.

****

_____ _____

Date Town of Camp Verde

COMMENTS:

_____

_____

_____

_____

_____

Revised 7-22-96

	Town of Camp Verde **Public Works Department** 395 S. Main Street Camp Verde, AZ 86322 (928) 554-0820 (928) 567-1540 Fax www.cvaz.org	**PUBLIC WORKS FEE SCHEDULE**

SITE PLAN REVIEW	
1st and 2nd Reviews	$225.00 Per Applicable Sheet
ENGINEERING REPORT REVIEW	
1st and 2nd Reviews Includes: Drainage Reports, Design Reports, Traffic Reports (TIA), Soils Reports and Other Reports	$250.00 Per Report $150.00 For Each Subsequent Review
CONSTRUCTION PLANS & GRADING PLAN	
1st and 2nd Reviews Includes: Civil Grading & Drainage, SWPPP, Water, Sewer, Streets, Signing & Striping, Irrigation, and Other ***(Note: Each separate infrastructure component shall be counted and billed separately regardless of the number of components placed on one sheet)***	$225.00 Per Applicable Sheet $250.00 For Each Subsequent Review
AS BUILT PLAN REVIEW	
	$91.00 Per Applicable Sheet
PLAT REVIEW	
1st and 2nd Reviews Includes: Preliminary and Final Plat Reviews	$250.00 Per Applicable Sheet $150.00 For Each Subsequent Review
RIGHT-OF-WAY	
Encroachment Permit	$291.00
MISCELLANEOUS PLAN REVIEW	
Includes: Engineer's Cost Estimates, Residential Grading Plan Review, and Plan Revision Reviews	$100.00 Per Applicable Sheet $100.00 For Entire Residential Grading Plan Submittal/ Review
ANY ADDITIONAL INSPECTIONS	
Note: Request Form Must Be Submitted	$50.00 Per Inspection
PRIVATE ROAD SIGNS	
New Private Road Street Signs Includes: Installation	$85.00 Each
ROAD CUT PERMITS	
Excludes Utility Companies	$50.00 Each
PUBLIC IMPROVEMENT CONSTRUCTION INSPECTION	
	$225.00 Per Inspection

TOWN OF CAMP VERDE
ENGINEERING PLAN REVIEW FEE SCHEDULE

☐ 1st Submittal ☐ 2nd Submittal ☐ 3rd Submittal *(Additional Fees Apply)*

PROJECT NAME: _____

PROJECT ADDRESS: _____

Engineer: _____ **Phone #:** _____
Address: _____ Fax #: _____
Contact Person: _____ **Phone #:** _____
Email**:** _____ Fax #: _____

Who Is The Contact Person: ☐ **Architect** ☐ **Owner** ☐ **Engineer** ☐ **Other**_____

(Note: Each separate infrastructure component shall be counted and billed separately regardless of the number of components placed on one sheet)

Type of Plan/Report	Review #	# Of Sheets	Cost/Sheet*	Review Fee
1. Site Plan Review:	_____	_____	$225.00/sheet*	$_____
2. Preliminary Plat Review:	_____	_____	$250.00/sheet*	$_____
3. Final Plat Review:	_____	_____	$250.00/sheet*	$_____
4. Engineering Report Review:				
Drainage	_____	_____	$250.00/per report*	$_____
Design	_____	_____	$250.00/per report*	$_____
Traffic (TIA)	_____	_____	$250.00/per report*	$_____
Soils/Other	_____	_____	$250.00/per report*	$_____
5. Construction Plans & Grading Plans:				
Grading/Drainage	_____	_____	$225.00/per sheet*	$_____SW
SWPPP	_____	_____	$225.00/per sheet*	$_____SW
Water	_____	_____	$225.00/per sheet*	$_____
Sewer	_____	_____	$225.00/per sheet*	$_____
Streets	_____	_____	$225.00/per sheet*	$_____
Signing/Striping	_____	_____	$225.00/per sheet*	$_____
Irrigation	_____	_____	$225.00/per sheet*	$_____
Other	_____	_____	$225.00/per sheet*	$_____
Public Improvement Inspection:	_____	_____	$225.00	$_____
Engineers Cost Estimate:	_____	_____	$100.00/per sheet*	$_____
As Built Plan Review:	_____	_____	$91.00/per sheet*	$_____
Miscellaneous Plan Review:	_____	_____	$100.00/per sheet*	$_____
Non-classified	_____	_____	$100.00/total	$_____
Residential	_____	_____	$100.00/per sheet*	$_____
Amendments/Revisions	_____			
Any Additional Inspections:	_____	_____	$50.00/per inspection	$_____
			Total Fees:	**$_____**
		Engineer Plan Review - 01-40-40-4140		*$*_____
		Stormwater Review(SW) - 01-40-41-4140		*$*_____
			Balance Due:	**$_____**

Cost includes 1st and 2nd reviews and up to 3 inspections; 3rd and subsequent reviews apply at $150 per sheet/report. Please see currently adopted fee schedule for additional information.

A COPY OF THIS FEE SCHEDULE IS TO ACCOMPANY EACH SUBMITTAL. PLAN REVIEW FEES ARE DUE AND PAYABLE UPON CONFIRMATION OF SUBMITTAL FROM ENGINEER. ***ALL REDLINE COMMENTS MUST BE RETURNED WITH SUBSEQUENT PLAN REVIEWS (OR FULL FEES WILL APPLY).***

---------- **STAFF USE BELOW THIS LINE** ----------

Received By:_____ **Date Received:**_____ **Date Due:** _____ **Review #**_____

Returned Red Lines? Yes / No Routed To: _____ **Comments:**_____

Fees Due: $_____ **Completed Fee Schedule: Yes / No**

Camp Verde Fire District

26 B Salt Mine Road
P.O. Box 386
Camp Verde, Arizona 86322

Phone: 928.567.9401
Fax: 928.567.2444
www.campverdefire.org

Fee Schedule

Fire Code Plan Reviews, Inspections and Permits	Fee
New Construction, additions, and alterations (1 Plan Review and 2 Inspections)	**Plan Review: 40% of building permit Plan Review Fee**
Subdivisions Plat Review	**$60**
Fire Alarm & Detection System	**1 Plan Review and 2 Inspections**
New Installation up to 5,000 sq. ft.	$150
New Installation 5,000+ sq. ft.	$150 + .01 per square foot over 5,000
Modifications (Including TI)	$75
Automatic Fire Sprinkler System	**1 Plan Review and 2 Inspections**
New Installation up to 5,000 sq. ft.	$250
New Installation 5,000+ sq. ft.	$250 + .01 per sq. ft. over 5,000
Modifications (Including TI)	$125
Alternative Fire-Extinguishing System	**1 Plan Review and 2 Inspections**
New Installation: Foam, CO2, Clean Agent, Chemical, etc	$100
New Installation Commercial Cooking (Hood)	$100
Fire Pump	**1 Plan Review and 1 Inspection**
New Installation and Modifications	$100
Underground Fire Lines	**1 Plan Review and 1 Inspection**
Installation	$75
Spray Booth and Dipping Operations	**1 Plan Review and 1 Inspection**
Pre-Manufactured Spray Booth	$100
Non-Pre-Manufactured Spray Booth	$200
Fire Department Access (Permanent)	**1 Plan Review and 1 Inspection**
New Installation – Access Gate (each)	$60
Solar Photovoltaic Power Systems	$50
Liquid Petroleum Gas	**1 Plan Review and 1 Inspection**
New Installation: Aboveground Tank	$100

High Piled Combustible Storage	**$60 for 1 Plan Review and 1 Inspection**
Tents, Canopies, Membrane Structures	**1 Plan Review and 1 Inspection**
Single Tent Over 400 sq. ft.	$25
Single Canopy Over 700 sq. ft.	$25
Sites with Multiple Tents and/or Canopies	$50
Blasting	**1 Plan Review and Inspections as Required by the AHJ**
3 Day Single Project, No On-Site Storage	$50
30 Day Single Project, Non On-Site Storage	$100
Magazine Storage (Each Site)	$100
Fireworks/Pyrotechnics Display	**$50 plus Standby Fees**
Special Events	**$25 for 1 Plan Review and 1 On-Duty Inspection** **Off-Duty and Standby Fees may be required**
Hazardous Materials Storage	**$50 per site for 1 Plan Review and 1 Inspection**
Flammable/Combustible Liquids Storage	**$50 per site for 1 Plan Review and 1 Inspection**
Compressed Gasses Storage	**$50 per site for 1 Plan Review and 1 Inspection**
Additional Plan Review Fee	**50% of Original Plan Review Fee**
Re-Inspection Fee	**$50**
Penalty for Starting Work Without a Permit	**Double the Permit Fee**

Updated: October 1st, 2014

Camp Verde Fire Department
26 W. Salt Mine Rd.
CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 911

Fire Alarm Permit Application

Section A, Site Information*: Complete for all permits*

Job Address: _____
Number and Street name, City/Town, Zip code

Name of Tenant: _____
(if business)
Owner Name: _____

Owner Address: _____ Zip Code: _____

Owner Phone Number: _____ ( )

Section B, Project Information*: Complete for all permits.*

Occupancy Classification: _____ Number of Stories: _____ Square footage: _____

☐ New System Installation ☐ Renovation/Alteration of Existing System

System Class: ☐ A ☐ B ☐ Addressable ☐ Other _____

Signal Initiating Devices **Gauge of Wire** _____	**Quantity**
Detectors (heat, smoke, rate of rise, etc.)	
Manual Pull Stations	
Tamper Switches	
Water Flow Switches	
Other (FF phones, UL/Ansul systems, etc.)	
Notification Devices **Gauge of Wire** _____	**Quantity**
Horns, strobes, combination devices, speakers, etc.	
Items Controlled by Alarm	**Quantity**
Fan shutdown/start	
Elevator recall/shutdown	
Door closure devices	
Fire alarm control panel, annunciators	
Number of Zones (Identify Zones on Plans)	

Section C, Applicant, Project Contractor/Designer Information:

Installing Contractor: _____
Name *Address* *Phone*

Designer/Nicet III Info: _____
Name *Address* *Phone*

Applicant Name and License:	Address:	Phone

I hereby certify that the information contained within this application is correct and accurate.

Signature of Applicant: _____ **Date:** _____

Camp Verde Fire Department
26 W. Salt Mine Rd.
CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 911

Fire Sprinkler Permit Application

Section A, Site Information*: Complete for all permits*

Job Address: _____
Number and Street name, City/Town, Zip code

Name of Tenant: _____
(if business)

Owner Name: _____

Owner Address: _____ Zip Code: _____

Owner Phone Number: ( )

Section B, Project Information*: Complete for all permits.*

Indicate what the permit is being obtained for below, check all that apply:

☐ New System Installation ☐ Renovation/Alteration of Existing System

Type of System:
☐ 13 ☐ 13R ☐ 13D
☐ Wet ☐ Dry ☐ Other _____

Hazard Classification:
☐ Light ☐ OH I ☐ OH II ☐ Extra Hazard
☐ Number of Risers _____

General Type of Installation
☐ Above Ceiling ☐ Below Ceiling ☐ Obstructed ☐ Unobstructed

☐ High Piled Storage

Description of project:

_____

_____

Section C, Building Information*: Complete for all permits: new construction, renovation, alterations.*

Occupancy Classification:_____ **Number of Stories:**_____

Square Footage: **Number of floors**:

Section D, Applicant, Project Contractor/Designer Information:

Sprinkler Contractor: _____
Name *Address* *Phone*

Fire Protection Engineer/Nicet III Info: _____
Name *Address* *Phone*

Applicant Name and License:	Address:	Phone

I hereby certify that the information contained within this application is correct and accurate.

Signature of Applicant:_____ **Date**: _____

Camp Verde Fire Department
26 W. Salt Mine Rd.
CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 911

Hood & Extinguishing System Permit Application

PLEASE PRINT

Section A, Site Information: *Attention:* ***Sections A, B & D (and C when applicable) must be completely filled out for all projects.***

Name of Building/Site: _____

Physical Location: _____

Applicant Information: _____
Name Phone
_____
Address License

Building Owner Name: _____

Owner Mailing Address: _____ Zip Code _____

Owner Phone Number: ( )

Section B, Project Information: *Complete for all* ***Hood*** *installations.*

Size of Hood: Length _____ Width _____

Total Square Feet of Hood opening: _____

Filter Size: _____ Sq Inches Per Filter: _____

Total Number of Filters: _____

Is hood mounted on a combustible surface:
☐ YES ☐ NO

If Yes, indicate clearance provided: inches
Indicate on plan if necessary.

Size of Duct: _____

Sq. Feet of Duct: _____

Fan CFM: _____

Calculated Duct Velocity: _____

Hood Construction: ☐ No.18ga. Carbon Steel
(Check one) ☐ No. 20ga. Stainless Steel

Duct Construction: ☐ No.16ga. Carbon Steel
(Check one) ☐ No.18ga. Stainless Steel

Section C, Automatic Fire Suppression Systems: *Complete for all* ***Suppression System*** *installations.*

Name of Installer: _____

Agent Type: ☐ Wet Chemical ☐ Other: _____

System Make: _____ System Model: _____

Kitchen Hood, where installed is provided with a portable fire extinguisher rated 40B: ☐ Yes ☐ No ☐ N/A

This application must be accompanied by the following:

- *Drawing of coverage area to include all appliances/equipment, piping and device locations.*
- *Manufacturer's specifications and information.*

Signature of Applicant: _____ Date: _____

Camp Verde Fire Department
26 W. Salt Mine Rd.
CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 911

Solar Photovoltaic Permit Application

Section A, Site Information*: Complete for all permits*

Job Address: _____
Number and Street name, City/Town, Zip code

Name of Building Owner: _____

Owner Address (Street): _____

Owner Address (City, State): _____ Zip Code: _____

Owner Phone Number: ( )

Section B, Project Information*: Complete for all permits.*

Roof Square Footage: _____ Array Square Footage: _____

Roof Style: ☐ Hip Roof ☐ Single Ridge Roof ☐ Gable Roof ☐ Other _____

Roof Access:	
Number of Roof Access Points	
Width of Roof Access Points	
Is the roof access point over a door or window?	
Are roof access points located at strong points of building construction?	
Are panels/modules located no higher than 3' below the ridge?	
Markings (Interior and Exterior)	
Are all DC conduits, enclosures and raceways marked every 10 feet?	
Are all DC cable assemblies, junction and combiner boxes marked?	
Area all disconnects marked?	

Section C, Applicant, Project Contractor/Designer Information:

Installing Contractor: _____
Name *Address* *Phone*

License Information: _____

Applicant Name:	Address:	Phone

I hereby certify that the information contained within this application is correct and accurate.

Signature of Applicant: _____ **Date:** _____