



TOWN OF CAMP VERDE
Community Development Department
Building Safety Division
473 S. Main St., Suite 108
Camp Verde, AZ 86322
Phone: (928) 554-0050 Fax: (928) 567-7401
Website: www.campverde.az.gov

BUILDING PERMIT APPLICATION

Fire Protection Systems Project

- Three (3) sets of plans must be submitted on a minimum of 18"x 24" and a maximum of 36"x 48" size paper at no less than 1/4" = 1' and details at 1/2" = 1' based on the currently adopted Codes:**
- Cover sheet** shall include
 - Contacts (principal, company name, address and phone number)
 - Parcel number & Address
 - Owners name, address and 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" site plan to scale) showing the following:
 - Dimensions of property
 - Show all existing and proposed buildings and structures (actual footprints)
 - Show setbacks on all sides of building to property lines
 - Adjacent streets and alleys within 150' of property. Indicate width, length, turning radius and grade
 - Location and dimensions of easements that apply
 - Indicate front of property
 - Indicate north
 - Ingress/Egress driveway location
 - Delineate parking spaces and include ADA accessibility
 - Show calculations for number of parking spaces for type of use
 - Show landscaping area and list plants type and size @ 15% of parking area
 - Location of existing or proposed septic tank, leach line (include dimensions, size and setback or distance from proposed and existing building) sewer line, water line(s), fire hydrants, electric and any other utility lines.
 - Location of any terrain features that affect placement including washes, creeks or ditches within 20 feet of the building site
 - Utility easements and lines
 - Topography both existing and proposed, contour lines shown in two foot increments
- Designation of Agent**, as applicable
- Completed Town of Camp Verde application**
- Completed Camp Verde Fire District application** (Sprinklers, Alarm, Hood, etc.)
- Contractor Information form** (must list appropriately licensed commercial. Contractors and subcontractors and all contractors must have a business license with the Town of Camp Verde)
- Deposit** in accordance with the current fee schedule (Consists of building and fire review fees calculated based on valuation of the project)

Note: Additional information may be required as determined by the Building Official and/or Fire District.

Note: 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 set will require an original wet seal.

**AN INCOMPLETE APPLICATION WILL CAUSE YOUR
PERMIT TO BE DELAYED.**



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*Designation of Agent
Property Development*

Parcel Number: _____ Date: _____

Owner: _____

Address: _____

Phone: () _____ E-mail: _____

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 to _____, 200__, or the application process is complete, whichever is later, or as may be earlier revoked in writing.

_____,
_____, Owners (s)



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DATE
 RECV'D: _____

PERMIT
 NO. _____

APPLICATION FOR PERMIT

PROPERTY AND BUILDING INFORMATION

PARCEL NO: _____ LEGAL DESCRIPTION _____
 PROJECT ADDRESS _____
 DESCRIPTION OF PROJECT _____
 HAS WORK COMMENCED ON THIS PROPERTY? _____ SQUARE FOOTAGE _____ APPLICANT'S VALUATION _____
 PROJECT TYPE: RESIDENTIAL COMMERCIAL INDUSTRIAL NEW ALTERATION/REMODELING ADDITION DEMOLITION

PROPERTY OWNER INFORMATION

OWNER NAME _____
 MAILING ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE _____

Attention Applicant: If you are not the owner of this parcel, you must have something in writing from the owner granting you permission to take out this permit. Also, if you recently purchased this parcel you may have to show proof of ownership documentation.

APPLICANT OR CONTRACTOR INFORMATION

OWNER AGENT CONTRACTOR TENANT

APPLICANT NAME _____
 MAILING ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE _____
 CONTRACTOR'S LICENSE # _____ CLASS _____ TOWN BUSINESS LICENSE # _____

THE FOLLOWING INFORMATION IS REQUIRED FOR COMMERCIAL, INDUSTRIAL, AND MULTI-FAMILY PROJECTS ONLY

PROPOSED USE _____ EXISTING USE _____
 PROPOSED CONSTRUCTION TYPE WALLS: Combustible Non-Combustible ROOF STRUCTURE: Combustible Non-Combustible
 EXISTING CONSTRUCTION TYPE WALLS: Combustible Non-Combustible ROOF STRUCTURE: Combustible Non-Combustible
 IF THIS IS AN EXISTING BUILDING, DOES IT HAVE A FIRE SPRINKLER SYSTEM?: _____ FIRE ALARM SYSTEM?: _____
 OCCUPANCY LOAD: _____ IBC OCCUPANCY TYPE: _____ IBC CONSTRUCTION TYPE: _____

CURRENT CODE REQUIREMENTS:

2006 INTERNATIONAL BUILDING CODE 2006 INTERNATIONAL RESIDENTIAL CODE
 2005 NATIONAL ELECTRIC CODE 2003 INTERNATIONAL FIRE CODE
 2006 INTERNATIONAL MECHANICAL CODE 2006 ENERGY CONSERVATION CODE
 2006 INTERNATIONAL PLUMBING CODE 2006 EXISTING BUILDING CODE
 2006 INTERNATIONAL FUEL GAS CODE

The 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.

OWNER APPLICANT

NAME (Printed) _____ SIGNATURE: _____

BUILDING		
ELECTRICAL		
PLUMBING		
ZONING CLEARANCE		
MECHANICAL		
POOLS		
FENCES		
DEPOSIT		
TOTAL		
RECEIPT#:		
CHECK #		
APPLICATION TAKEN BY:		



Camp Verde Fire Department

26 W. Salt Mine Rd.
P.O. BOX 386 • CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 567-4123 OR 911

FIRE ALARM PERMIT SUBMITTAL REQUIREMENTS

A fire alarm permit is required for the installation, addition or modification of any fire alarm system. Alarm systems shall comply with the International Fire Code and NFPA 72 or other applicable standards.

Submit **3** sets of plans and **one** set of battery/voltage drop calculations and manufacturer's data sheets for components of the system for review by the Fire Prevention Office.

Plans shall provide the following information:

- Business/Location Name and Street Address
- Property Owner/Rep Name and Contact Information
- Installation Contractor Contact Information and applicable License numbers
- Monitoring Company Contact Information and applicable License numbers
- Scale, date of plans, any revision dates, point of compass, designer information including minimum NICET Level III certification information and stamp
- Occupancy Classification(s), Building Construction Type and Hazard Type
- Square footage of project area
- All devices and appliances (detectors, pull stations, control panel, annunciators etc.)
- System Type (Class A, B, addressable, analog, local, proprietary, etc.)
- Battery/voltage drop calculations
- Manufacturer's data sheets and compatibility listings
- Operating instructions for the system (Copy of what will be posted at the FACP).
- Plans shall include floor plan of entire building, location and spacing of all detectors and notification devices, wiring legend and symbol list.
- Include full height cross-section and elevations. Include ceiling construction.



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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

Signal Initiating Devices	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	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	

Section D, Applicant, Project Contractor/Designer Information:

Installing Contractor:

Name _____ Address _____ Phone _____

Designer/Nicet III Info:

Name _____ Address _____ Phone _____

Applicant Name:	Address:	Phone:

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

Signature of Applicant: _____ Date: _____



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FIRE SPRINKLER PERMIT SUBMITTAL REQUIREMENTS

A fire sprinkler permit is required for the installation, addition or modification of any fire sprinkler system. Sprinkler systems shall comply with the International Fire Code and NFPA 13, 13R, 13D or other applicable standards.

Submit **3** sets of plans and **one** set of hydraulic calculations and manufacturer's data sheets for components of the system for review by the Fire Prevention Office.

Plans shall provide the following information:

- Business/Location Name and Street Address
- Property Owner/Rep Name and Contact Information
- Installation Contractor Contact Information and applicable License numbers
- Occupancy Classification(s), Building Construction Type
- Square footage of project area
- Number of risers
- System Type (Wet, dry, pre-action, deluge, antifreeze, etc.)
- Hazard Class
- Area of sprinkler operation and density
- Standpipes
- Scale, date of plans, any revision dates, point of compass, designer information including minimum NICET Level III certification information.
- Location of all wall partitions, firewalls, floor openings, concealed spaces, etc. Clearly label each area/room as to its use or title.
- Site/plot plan indicating location of roads, fire lanes, parking, and building orientation, hydrants, underground piping and location of thrust blocks and valves, and FDC's. Access roads, fire lanes, etc. shall have width dimensions and slope indicated on site plan.
- Information on any backflow preventers or double-check detectors required by water purveyor.
- System design data at each design area. Hydraulic reference points shown on the plan shall correspond with comparable reference on the hydraulic calculations.
- Include full height cross-section and elevations. Include ceiling construction.
- Indicate location and type of inspector test. Show all control valves, switches, and alarm/flow devices.
- Indicate all duct work, ceiling layouts, lighting, diffusers, etc. which may affect the system coverage.
- Show size, type, piping, drainage, location and elevation of: risers, drains, hose outlets, etc.
- Show settings for pressure reducing valves at all levels.
- Legend shall clearly indicate the sprinkler type, temperature, manufacturer, etc. of each head.
- Indicate spacing of sprinklers and number of sprinkler in each story or fire area.
- Indicate type and location of hangers, sleeves, flexible couplings, and braces. Provide location spacing, direction, and calculations on loads for sizing of sway bracing.
- Water flow data that includes date of test, name of parties involved in flow testing, static, residual and flow available.



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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: _____ Hazard Classification

Wet Dry Other _____ Light OH I OH II Extra Hazard

General Type of Installation Number of Risers _____

Above Ceiling Below Ceiling Obstructed Unobstructed

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:	Address:	Phone
_____	_____	_____

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

Signature of Applicant: _____ Date: _____



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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:
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:
Hood Construction: No.18ga. Carbon Steel No. 20ga. Stainless Steel
Duct Construction: No.16ga. Carbon Steel 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:



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ABOVE GROUND STORAGE TANK PERMIT

A site plan drawn to scale must be submitted for each tank(s). Plan must indicate distance to lot lines and nearby buildings.

Tank Site Location

Building or Site Name _____	
Address _____	
City _____	Zip Code _____

Owner Information

Name _____	Phone Number: _____
Address _____	
Town or City _____	Zip Code _____

Tank Information

Number of tanks _____	Type: LP <input type="checkbox"/>	Fuel Oil <input type="checkbox"/>	Gasoline <input type="checkbox"/>	Diesel <input type="checkbox"/>	Other <input type="checkbox"/>
Type of tank: Aboveground <input type="checkbox"/>		Underground <input type="checkbox"/>	Single Wall <input type="checkbox"/>	Double Wall <input type="checkbox"/>	
Tank use: Temporary <input type="checkbox"/>		Permanent <input type="checkbox"/>	Bulk Storage <input type="checkbox"/>	Dispensing <input type="checkbox"/>	
Size of tank (water capacity) _____					
Manufacturer of tank _____			Serial Number _____		
Distance of tank from nearest important building _____					
Distance from property line _____			Distance between other tanks _____		

Contractor / Applicant Information – Print or Type Only

Company Name: _____		
Contact Person: _____	Position: _____	
Address: _____		
City: _____	State: Zip: _____	E-mail: _____
Phone Number: _____	Fax: _____	

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

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

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 this chapter with the applicant's license number and the applicant's privilege license number required pursuant to 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 section 13-2704.

I am currently a licensed contractor: Name _____

License No. ROC _____ License Class _____

Signature _____ Title: _____

EXEMPTION FROM LICENSING

I am exempt from Arizona contractors' license laws on the basis of the license exemptions contained in A.R.S. §32-1121A., namely:

- A.R.S. §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.
- A.R.S. §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 A.R.S. §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 \$1000 or more

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

_____ License No. ROC _____ Class _____
(General Contractor)

_____ License No. ROC _____ Class _____
(Mechanical Contractor)

_____ License No. ROC _____ Class _____
(Electrical Contractor)

_____ License No. ROC _____ Class _____
(Plumbing Contractor)

SIGNATURE _____ DATE _____

Falsification of information on this document for the purpose of evading State licensing laws is a Class II misdemeanor pursuant to A.R.S. §13-2704.