



# Town of Parker Community Development

1314 - 11<sup>th</sup> St Parker, AZ 85344  
PH 928-669-9265 Fax 928-669-5247

## Application for Supplemental Permit

Assessors Parcel # \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**TYPE OF PERMIT:** \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_ Other

Property Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

MAIL PERMIT TO: \_\_\_\_\_  
Home or Message \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_  
Owner Contractor Other Pick Up

### Property Information:

Physical Address: \_\_\_\_\_

Subdivision/ Park (if Applicable): \_\_\_\_\_

Type of Service: \_\_\_\_\_ New \_\_\_\_\_ Existing \_\_\_\_\_ Overhead \_\_\_\_\_ Underground

Describe Purpose: \_\_\_\_\_

Owner / Builder: \_\_\_ Yes \_\_\_ No If no, please provide contractor information

Contractor Name: \_\_\_\_\_ License No: \_\_\_\_\_

Address: \_\_\_\_\_ Town of Parker Lic: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Valuation: Contractor's Figure\* \$ \_\_\_\_\_ or ICC Valuation \$ \_\_\_\_\_

\*Must **provide a copy of the contract (total fee page only)** with this application if permit fee is based on contractor's figure.

The undersigned hereby agrees that construction may be inspected at any time during normal working hours. Construction inspections are to be ordered 24 hours in advance of desired inspections (note: 24 to 48 hours in outlying areas). **This application does not ensure that a permit will be issued.** The Building Inspector, prior to issuance of the permit will verify each application along with the construction plans. If any information provided herein is found to be false, that application may be considered null and void. Permits issued in reliance on false information, which may be provided herein, may also be deemed null and void. The undersigned confirms that the information provided herein is true and correct.

The issuance of this permit does not allow development of land uses not in compliance with the Town of Parker Zoning Regulations. On State Highways and La Paz County roads, an encroachment permit may be required.

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant(s): \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Zoning District: \_\_\_\_\_ Permit No: \_\_\_\_\_ Total Permit Fee: \_\_\_\_\_

Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

## **PLOT OR SITE PLAN**

Assessors Parcel Number \_\_\_\_\_ or Block \_\_\_\_\_ Lot \_\_\_\_\_

Plot plan must show the following:

- All parcel property lines,
  - Location of new construction, incl. setbacks distances to property lines,
  - Location of all existing structures
  - Distances between structures and property lines,
  - Location of site utilities incl. water lines, sewer, septic tank and drainfield (incl reserve area)
  - All easements, washes, embankments and slopes.
  - North directional arrow
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