

Carport, Standard - Over the Counter (OTC) Permit Application

		=	e:
Project Name:			
Project Address:			
		Suite/Space#:	Tract#:
Project Square Footage:	Project	Valuation: \$	
Description of Work: Cons	struction of a carport/cano	py.	
Carport Type: ☐ Cantile	evered ☐ Semi-cantile	vered	
Standard Number:	Total Gross Area: _	Clear Height:	Bay Size
Special Inspection Required	: Yes No	Number of Spaces:	
Owner Information:			
Owner/Business Name:			
		y: State: _	Zip Code:
Contact Person:		Phone:	Fax:
Contractor Information:			
Business Name:			
		y: State: _	Zip Code:
		·	 '
Contact Person:		Phone:	Fax:
		Phone:	Fax:
Local Business (Phoenix PL	.T) #:		
Local Business (Phoenix PL State Tax #:	.T) #:		
Local Business (Phoenix PL State Tax #: Applicant Signature:	T) #: State Lice	ense Class and Number (ROC):
Local Business (Phoenix PL State Tax #: Applicant Signature: Check One:	T) #: State Lice	ense Class and Number(ROC):
Local Business (Phoenix PL State Tax #: Applicant Signature: Check One:	T) #: State Lice Contractor	ense Class and Number(ROC ther Print Name:):
Local Business (Phoenix PL State Tax #: Applicant Signature: Check One:	T) #: State Lice Contractor	ense Class and Number (ROC ther Print Name: y: State: _): Zip Code:
Local Business (Phoenix PL State Tax #: Applicant Signature: Check One:	T) #: State Lice Contractor Cit	ther State: _): Zip Code: _ Fax:
Local Business (Phoenix PL State Tax #: Applicant Signature: Check One:	T) #: State Lice Contractor Cit	ense Class and Number (ROC ther Print Name: y: State: _): Zip Code: _ Fax:
Local Business (Phoenix PL State Tax #: Applicant Signature: Check One:	T) #: State Lice Contractor	ther State: _	Zip Code: Fax:Initials:
Local Business (Phoenix PL State Tax #: Applicant Signature: Check One:	T) #: State Lice Contractor	ther State: Phone:	Zip Code: Fax: Initials:
Local Business (Phoenix PL State Tax #: Applicant Signature: Check One:	T) #: State Lice Contractor	ther State: State: State: Phone: State: St): Zip Code: Fax: Initials: Yes □ No
Local Business (Phoenix PL State Tax #: Applicant Signature: Check One:	T) #: State Lice Contractor □ O City Staff mit #: T F CITA □ Qtr Sec:	ther State: Phone: Permit Name: State: Yes \[\Boxed{D} \ No \cap \cap \cap \cap \cap \cap \cap \cap): Zip Code: Fax: Initials: Yes □ No Zoning:
Local Business (Phoenix PL State Tax #: Applicant Signature: Check One:	T) #: State Lice Contractor □ O City Staff mit #: T F CITA □ Qtr Sec: G-2 Const Type: I:IIB	ther State: State: Print Name: State: State: Phone: Cermit Name: Cof O Yes No	Zip Code: Fax:

For more information or for a copy of this publication in an alternate format, contact Planning & Development at (602) 262-7811 voice / (602) 534-5500 TTY.