



**CITY OF SHOW LOW**  
BUILDING SAFETY DEPARTMENT  
180 N. 9<sup>TH</sup> STREET  
SHOW LOW, AZ 85901  
(928) 532-4050 /FAX (928) 532-4059

## NEW RESIDENTIAL APPLICATION PACKET

Building Codes and Standards

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Water/Sewer Service Application

Right-of-Way Permit Application

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Business License Application

Utility Rates & Fees

Impact Fees

Building Permit and Plan Review Fees



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Building Codes and Standards

BUILDING CODE: International Code, Series 2006

PLUMBING CODE: International Plumbing Code, Series 2006

MECHANICAL CODE: International Mechanical Code, Series 2006

FIRE CODE: International Fire Code, Series 2006

ELECTRICAL CODE: NEC 2005

WIND LOAD: 90 MPH

SNOW LOAD: 4/12 or greater – 30 lbs live snow load

SNOW LOAD: less than 4/12 – 35 lbs live snow load

FROST LINE: 18 inches

EXPOSURE: C

SEISMIC ZONE: B

GAS TEST SPECIFICATIONS: Minimum of 3# PSI for 10 minutes  
1/10<sup>th</sup># increment gauge

AMERICAN NATIONAL STANDARD: ADA Accessibility '2006'



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## GENERAL INSTRUCTIONS for NEW RESIDENTIAL APPLICATION

*These are general instructions only. Please see the Plan Review Checklist for additional requirements.*

- A) APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:
- 1) PLANS: Two (2) sets of plans measuring not more than twenty-four (24) by thirty-six (36) **drawn to scale** (including footing detail, framing detail, roof, floor, electrical, two elevations) and two (2) plot plans (site plans) showing accurate lot delineation, location of all existing buildings or structures, proposed building(s), showing ACTUAL (not minimum) setbacks. One (1) set of plans will be returned when approved.
  - 2) SPECIFIC LOCATION: Assessor's Plat Location/Book, Page and Parcel Number; i.e., 210-27-010A. Subdivision and lot number.
  - 3) SEPTIC SYSTEM: A copy of the Approved Sanitary System Permit is required.
  - 4) PLAN REVIEW DEPOSIT: A \$200.00, non-refundable plan review deposit for new dwellings. *This deposit will be deducted from the total permit cost at the time of issuance.*
- B) TIME FRAMES: Up to ten (10) business days may be required for plan review and approval. Upon approval, one set of plans will be returned.
- C) INSPECTIONS: It shall be the duty of the person doing the work authorized by a permit (or the owner) to notify the building safety department that such work is ready for inspection. The building safety department request that all inspection be called 24 hours in advance (Monday through Friday, between the hours of 8am and 5pm) prior to the needed inspection. Inspections called in Saturday and/or Sunday will be done the following Tuesday. No footing or foundation will be approved without clearly delineated, accurate property lines and property yard setbacks.

When requesting inspections, please indicate the following:

- 1) Owner's name
  - 2) Street address of project as listed on permit
  - 3) Permit number
  - 4) Contractor
  - 5) Subdivision and lot number
  - 6) Type of inspection requested
  - 7) Instructions, remarks, if any
- D) Newly constructed buildings may not be occupied until after the final inspection and a Certificate of Occupancy (C.O.), or at the least, a Temporary Certificate of Occupancy (T.C.O.), is issued by the Department of Building Inspection. If a T.C.O. is issued, another final inspection is required prior to the expiration date of the T.C.O., at which time all discrepancies noted on the T.C.O. must have been corrected. The builder is responsible for obtaining this inspection!

**COMPLIANCE WITH THE CITY BUILDING CODES AND ZONING REGULATIONS IS MANDATORY FOR ALL CONSTRUCTION AND DEVELOPMENT WITHIN THE CITY OF SHOW LOW.**

**BECOME AWARE OF THE REGULATIONS AND REQUIREMENTS BEFORE PROCEEDING WITH ANY PROJECT.**







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## APPLICATION FOR WATER/SEWER SERVICE

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Residential • Commercial

Building Permit No. \_\_\_\_\_ Date: \_\_\_\_\_

Single or Multiple Dwelling

Security Deposit No. \_\_\_\_\_

Property Location \_\_\_\_\_

Parcel No. \_\_\_\_\_

Account No. \_\_\_\_\_

**IMPORTANT NOTICE:** Before construction begins, obtain clearance for sewer and water easements. The City Inspector will stake location of water meter and sewer service. Restaurants & cafes are required to install grease interceptors.

Water meter installed

On

Locked Off

Sewer connect

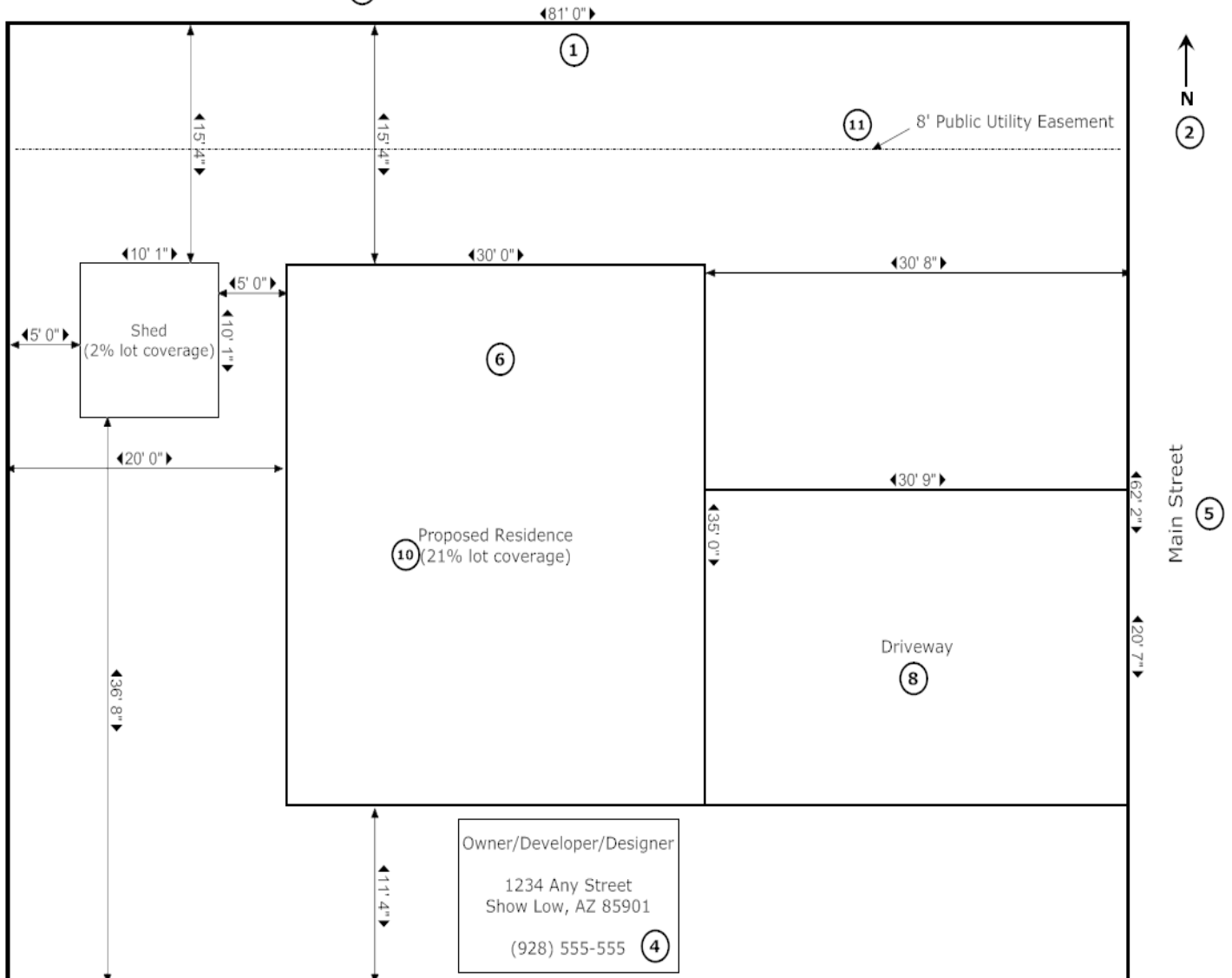
Signature of Applicant: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_

Approved By: \_\_\_\_\_ Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

### SAMPLE SITE PLAN

③ 1234 Any Street- A.P.N. 210-00-000



**Minimum requirements for site plan (drawn to scale):**

1. Lot dimensions.
2. North arrow.
3. The address and A.P.N. of the property.
4. The name, address and telephone number of the owner, developer and designer.
5. The location and name of any and all streets along the property boundary.
6. Location and size of both existing and proposed buildings and structures, including distances (showing actual, not minimum setbacks) from all structures to property boundaries.
7. If in a mobile home/RV park the distance between all nearest structures, including those not located on the property.
8. Location and dimensions of existing and proposed driveways.
9. Location and height of walls and fences.
10. Percentage of the site covered by any and all structures, both existing and proposed.
11. Locations, dimensions, and description of all existing or proposed easements.



# City of Show Low

ENGINEERING DEPARTMENT

180 N. 9<sup>TH</sup> STREET

SHOW LOW, AZ 85901

## **Erosion Control Plan Submittal Guidelines**

Pursuant to City Code, Chapter 20, an erosion control permit is required prior to conducting the following activities on a property or site:

1. Activities including, but not limited to: construction, landscaping, removal of vegetation, stockpiling of soil or construction debris, grading, filling, excavating, trenching, drilling, transport of fill, utility work, etc. that disturbs 500 square feet or more of land surface area.

- OR -

2. Activities as described in subsection 1 or in this subsection that disturb less than 500 square feet of land surface and are located within 50 feet of any pond, lake, river, stream, corridor, canal, or wetland.
3. Exemptions: Landscaping activities in conjunction with a single-family residence shall be exempt from compliance with this Chapter. "Landscaping Activities" means: the installation or removal of vegetation and minor landscaping features. It does not include installation or removal of more than 50 cubic yards of fill, or installation of large site features like parking pads, swimming pools or structures as defined in Chapter 20 of the City Code, which are not exempt if the activity involved would otherwise require an erosion control permit under this section. (Developmental landscaping done for several single family residences at the same time).

The new Erosion Control Permit fee structure is included in the Building Permit Fee.

***Once your plan is reviewed and a final version is approved, you are responsible for implementing the measures laid out in the approved plan prior to starting construction. Additionally, you are required to schedule and Initial Erosion Control inspection (after measure are in place), as well as a Pre-Footings Inspection (after excavation is complete). Please use the City's 24-hour inspection hotline for this purpose.***

**If you have any further questions, please contact the Building Department.**



# City of Show Low

ENGINEERING DEPARTMENT

180 N. 9<sup>TH</sup> STREET

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## Erosion Control Permitting Guidelines

1. Pick up the Erosion Control Permit Application at the Building Department Service Counter. The application may also be downloaded from the City of Show Low's website at [www.showlowaz.gov](http://www.showlowaz.gov). (See previous page of this packet.)
2. Complete the application and submit it at the Building Department Service Counter with a site plan that meets the criteria outlined on the front page of this permit application packet.
3. The permit application will be reviewed. Any necessary changes will be made to the site plan to bring it into compliance with the City of Show Low Code (Chapter 20) and our adopted erosion control manual. Once reviewed, an Erosion Control Permit Number will be issued and the approved permit will be placed in the Building Department project file.
4. The permit can then be picked up and fees paid at the time of Building/Demo Permit issuance.
5. Once issued, it is the Builder's responsibility to implement the measures on the approved site plan and call in for an Erosion Control inspection from the Building Department scheduled for the same day that clearing or grading work will begin on the site. The inspection card must be posted on site to receive this inspection.  
*Note: In order for the inspection to be scheduled for the day that you pick up the permit, it will have to be phoned in the day before you intend to pick up or before 7:00 a.m. that morning.*
6. Initial and Pre-footing Erosion Control Inspections are required for each site. Both of these inspections must be signed off on the yellow inspection card issued by the Building Department in order to get a Footings Inspection from the Building Department.
7. All soils site must be sufficiently stabilized to receive occupancy from the Building Department. This means that soils must either have established vegetative cover, or permanent ground cover (mulch, straw, wood chips, compost, rock). All temporary erosion control measures must be left in place until this condition has been satisfied. At the point, they should be removed from the site.



# City of Show Low

ENGINEERING DEPARTMENT

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SHOW LOW, AZ 85901

## Erosion Control Site Plan Requirements

Your Erosion Control Permit Application **will not** be processed until a site plan is submitted addressing the following items:

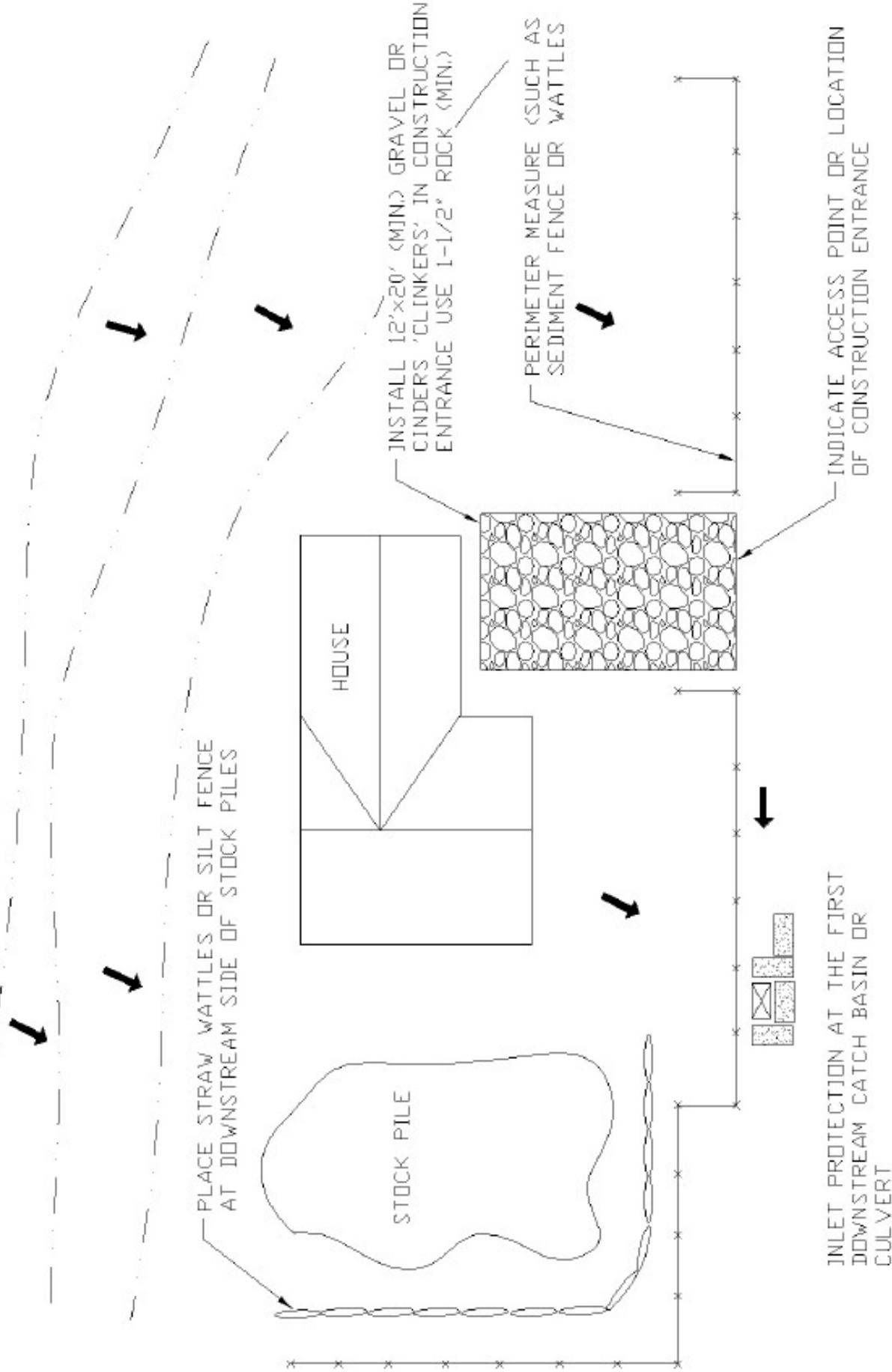
1. Location of all site disturbances associated with your project.
2. Corner elevations, contours, or arrows clearly marking the direction of stormwater flow on the site.
3. \*Access points (construction entrance, existing paved driveway, or access protected with alternative materials such as wood chips, plywood, etc.)
4. Perimeter containment measures (sediment fence, compost filter berm, existing structures, etc.)
5. \*\*Inlet protection (choose the most appropriate measure of the situation. Biobags or non-woven catch basin inserts can be used).
6. Stockpiling/staging areas.
7. Erosion control measures shall be maintained throughout the length of the project.

\*Item #3 is required base measures. These measures must be shown on your plan, or a narrative description of why these measures are not necessary must be presented with the plan. In the case that a narrative explanation is provided, the site will be assessed at the initial inspection and a determination will be made at the time as the measures that will be necessary.

\*\*Inlet protection is always required.

See attached sample site plan

CORNER ELEVATIONS, CONTOURS, OR THE DIRECTION OF FLOW SHOULD BE INDICATED ON THE SITE PLAN



PLACE STRAW WATTLES OR SILT FENCE AT DOWNSTREAM SIDE OF STOCK PILES

HOUSE

STOCK PILE

INSTALL 12"x20" (MIN.) GRAVEL OR CINDERS 'CLINKERS' IN CONSTRUCTION ENTRANCE USE 1-1/2" ROCK (MIN.)

PERIMETER MEASURE (SUCH AS SEDIMENT FENCE OR WATTLES)

INDICATE ACCESS POINT OR LOCATION OF CONSTRUCTION ENTRANCE

INLET PROTECTION AT THE FIRST DOWNSTREAM CATCH BASIN OR CULVERT



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BP# \_\_\_\_\_  
 Issued by \_\_\_\_\_  
*For City Use Only*

## Erosion Control Permit Application

<b>General Contractor Information</b>	Building Permit Application No.:
Name:	Parcel ID No. (APN):
Address:	
City, State, Zip:	Subdivision Name:
Phone: Cell:	Site Address:
<b>Owner Information</b>	Location from Nearest Intersection:
Name:	<i>Feet</i>
Address:	Job Site (circle one): <b>Private                      Public</b>
City, State, Zip:	Amount of Work Area to be Excavated:  <i>Square Feet</i>
Phone: Cell:	Existing & Proposed Site Runoff Drains (circle one): <b>Ditch    Pipe    Creek    Catch basin</b>
<b>24-Hour Emergency Contact</b>	<b>Other:</b>
Name:	Soil Disposal:
Address:	Disposal Location Address:
City, State, Zip:	Estimated Amount:  <i>Cubic Feet</i>
Phone: Cell:	

**\*\* Erosion control measures MUST be in place prior to any stripping, grading, or excavation work and shall remain until excavation component is complete and disturbed areas are re-vegetated or protected.**

\_\_\_\_\_

Owner/Applicant Signature

\_\_\_\_\_

Date



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**BUILDING INSPECTION DEPARTMENT, CITY PLAN REVIEW**  
 Dwelling Requirements

PERMIT #: \_\_\_\_\_ PROJECT ADDRESS: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PROJECT TYPE: \_\_\_\_\_

REVIEW BY: \_\_\_\_\_

DATE 1st REVIEW: \_\_\_\_\_ 2nd REVIEW: \_\_\_\_\_ 3rd REVIEW: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

**FOOTINGS**

SLA = SHOW LOW ADDENDUMS

EXAM. INITIALS	SHEET #	REQ'D	OK	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	1. INDICATE SIZE OF FOOTINGS 18" OR 24" BELOW GRADE PENDING ON ONE OR TWO STORY. 10" OR 12" THICK PENDING ON ONE OR TWO STORY PER "SLA"
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	2. INDICATE CONTOURS OF LOT SLOPE FOR DRAINAGE AWAY FROM BUILDING. R401.3
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	3. INDICATE ALL FOOTING SIZES, LOCATION AND LAYOUT. R400
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	4. MASONRY STEM WALLS OVER 24" IN HEIGHT ARE TO BE VERTICALLY REINFORCED EVERY 48" WITH A MINIMUM OF ONE NO. 4 REBAR FROM THE FOOTING TO TOP OF STEM WITH NO. 4 REBAR GROUTED BOND BEAM AT TOP. "SLA"
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	5. ANY RETAINING WALLS 4' AND OVER FROM BOTTOM OF FOOTING NEED TO BE ENGINEERED. "SLA".
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	6. VERIFY RETAINING WALLS LESS THAN 4', PER "SLA"
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	7. INDICATE REINFORCEMENT OF 8' BASEMENT WALL, PER "SLA"
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	8. VERIFY BASEMENT WALLS 8' TO 10' PER (R400) OR ENGINEERING, "SLA"
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	9. VERIFY BASEMENT WALL OVER 10', REQUIRE ENGINEERING, R400
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	10. INDICATE WATER PROOFING OF STEMS AND BASEMENT WALLS PER CODE R406.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	11. VERIFY STEM WALL HEIGHTS THAT REQUIRE ENGINEERING (OVER 10' REQUIRE ENGINEERING) R.400.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	12. INDICATE ANCHOR BOLTS SIZE AND SPACING, R403.1.6.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	13. INDICATE ALL POSTS AND BEAM SIZE ALSO SPANS OF BEAMS, R500.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	14. INDICATE MECHANICAL CONNECTS FROM BEAMS TO POST, STEM, R500.

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	15. INDICATE JOIST TYPE-SIZE-SPANS AND LAYOUT OF ALL JOISTS, R500.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	16. INDICATE THE CONNECTION OF BEAMS TO STEM, POP OUT OR IN CRIPPLE WALL, R502.9.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	17. INDICATE TYPE OF SIZE OF FLOOR SHEATHING, R503.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	18. INDICATE ANY CANTILEVERING OF JOIST AND MANUFACTORS SPECS, R500.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	19. INDICATE SOLID SUPPORT UNDER WALL WHEN WALLS PARALLEL THE STEM, R600.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	20. INDICATE SOLID SUPPORT TO EARTH UNDER POSTS, R400.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	21. PROVIDE SLAB DETAIL 4" MINIMUM AND 90% COMPACTION. INDICATE TYPE OF REINFORCEMENT IN SLAB, "SLA"
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	22. VERIFY WINDOW WELL DETAILS FOR BASEMENTS, R310.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	23. PROVIDE UNDER FLOOR VENTING CALCULATIONS FOR CRAWL SPACE AREA, R408.1
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	24. INDICATE ACCESS FOR CRAWL SPACE DOOR SIZE & LOCATION, R408.3

## FRAMING

EXAM. INITIALS	SHEET #	REQ'D	OK	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	1. INDICATE FRAMED WALL TYPE 2X4, 2X6, ETC, R600
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	2. INDICATE ALL HEADER SIZES AND SPANS, R602.7
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	3. INDICATE LOCATIONS OF BRACED WALL PANELS AND TYPE OF PANELS, R602.10
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	4. VERIFY ENGINEERING FOR BRACED WALL PANELS FOR WALLSOVER 12', R602.3.1
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	5. INDICATE SIDING TYPE AND MOISTURE BARRIER FOR HOUSE, R703.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	6. INDICATE DRAFTS STOPS OR FIRESTOPS FOR CHASES FROM WALL TO ATTICS OR FLOOR SPACES, R602.8
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	7. FIRE BLOCKING REQUIIRED S, R602.8
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	8. INDICATE TYPE OF ROOF FRAMING CONVENTIONAL OR TRUSSES, R200
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	9. INDICATE TYPE AND SIZE OF ROOF SHEATHING, R803, "SLA"
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	10. INDICATE ROOF FRAMING PLAN. (SPACING LAYOUT HIPS VALLEY, AND CRICKETS), R802.5
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	11. INDICATE TYPE OF ROOFING MATERIALS: SHINGLES, METAL, TILE, ETC AND UNDER LAYMENT, R900
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	12. INDICATE TYPE AND LOCATION OF MECHANICAL CONNECTION, FROM TRUSSES, GIRDERS JOISTS TO POSTS & FOOTINGS TO POST, ETC., R802
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	13. INDICATE TYPE OF INSULATION AND R-VALUE FOR WALL, CEILINGS & ATTICS, R1100

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	14. VERIFY HEAD ROOM CLEARANCES FOR STAIRS, BATHROOMS AND BONUS ROOMS, R305
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	15. INDICATE ATTIC VENTILATION CALCULATIONS. TYPE OF VENTS AND LOCATION OF VENTS, R806
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	16. INDICATE LOCATION AND SIZE OF ATTIC ACCESSES, R807
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	17. INDICATE TYPE OF DRYWALL BETWEEN R AND U OCCUPANCIES, R700

**PLUMBING**

EXAM. INITIALS	SHEET #	REQ'D	OK	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	1. PROVIDE GAS PIPING SCHEMATIC INCLUDING TYPE OF MATERIAL, AND BTU'S OF ALL APPLIANCES. SHOW LENGTH OF PIPING BETWEEN APPLIANCE AND METER. R2413
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	2. APPLIANCES HAVING AN IGNITION SOURCE SHALL BE ELEVATED SUCH THAT THE SOURCE OF IGNITION IS NOT LESS THAN 18" ABOVE THE FLOOR OF THE GARAGE, M1307.3
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	3. VERIFY COMBUSTION AIR CALCULATIONS AND SOURCE FOR ALL APPLIANCES, M1702-1703.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	4. INDICATE LOCATION OF ALL APPLIANCES.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	5. VERIFY WATER HEATER PAN, DRAIN SIZE, AND TERMINATION LOCATION, P2801.5
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	6. INDICATE THAT WATER HEATER RELIEF VALVE IS TO EXTEND TO THE OUTSIDE OF THE BUILDING WITH THE TERMINATION POINT OF THE PIPE 6 INCHES ABOVE GRADE AND POINTING DOWNWARD, P2800
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	7. PROVIDE THIS NOTE ON PLANS: "PROVIDE PRESSURE BALANCE OR THERMOSTATIC MIXING VALVE CONTROL FOR ALL SHOWER AND TUB-SHOWER COMBINATIONS", R2708
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	8. LENGTH AND LOCATION OF DRYER VENT. (TERMINATION 3' AWAY FROM ANY OPENING), RM1502
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	9. INDICATE EXHAUST FANS AND LOCATIONS, R303

**WIRING**

EXAM. INITIALS	SHEET #	REQ'D	OK	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	1. INDICATE LOCATION AND SIZE OF ELECTRICAL SERVICE PANEL AND SUB PANELS, E3502.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	2. INDICATE LIGHTING RECEPTACLES OUTLET LOCATIONS FOR TOTAL HOUSE AND TYPE, R3800
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	3. VERIFY LOCATION OF RECEPTACLES IN HALLWAYS, E3801
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	4. VERIFY LOCATION OF RECEPTACLES ALONG ROOM DIVIDERS, E3801.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	5. VERIFY KITCHEN RECEPTACLES LAYOUT AND TYPE, INCLUDING ISLANDS, E3801.2
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	6. VERIFY BATHROOM RECEPTACLES LAYOUT AND TYPE, E3801.6

_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	7. VERIFY OUTSIDE RECEPTACLES TYPE AND LOCATION, E 3801
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	8. VERIFY BEDROOM RECEPTACLES ON ARC FAULT, E3802.1
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	9. VERIFY LIGHTS FOR CRAWL SPACES AND ATTIC SPACES, E3803
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	10. INDICATE LOCATION OF SMOKE DETECTORS AND THAT THEY ARE, INTERCONNECT, R313

**STAIRS**

EXAM. INITIALS	SHEET #	REQ'D	OK	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	1. PROVIDE RISE & RUN DETAIL FOR STAIRS, R31
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	2. PROVIDE DETAIL FOR LANDING AT TOP AND BOTTOM OF STAIRS, R311
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	3. PROVIDE DETAIL FOR GUARDRAIL, R312
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	4. PROVIDE DETAIL FOR HANDRAIL, R311

**WINDOWS**

EXAM. INITIALS	SHEET #	REQ'D	OK	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	1. INDICATE LOCATION, SIZE AND TYPE OF WINDOW, R308
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	2. VERIFY GLASS LOCATION FOR TEMP GLASS. (SHOWERS – NEXT TO DOORS – EXTERIOR SLIDING DOORS), R308

**EROSION CONTROL**

EXAM. INITIALS	SHEET #	REQ'D	OK	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	1. APPLICATION AND SITE PLAN MEETING OUTLINED CRITERIA FILED WITH BUILDING DEPT.
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	2. INITIAL EROSION CONTROL INSPECTION
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	3. PRE-FOOTING EROSION CONTROL INSPECTION

Water Supply Fixture Units			
Individual Fixtures	Number of Fixture(s)	Private Individual Dwelling	Total Dwelling for Specific Unit Fixture
Bar Sink		1.0	
Bathtub or Combination		4.0	
Clothes washer, domestic		4.0	
Dishwasher, domestic		1.5	
Hose Bib		2.5	
Hose Bib, each		1.0	
Kitchen Sink		1.5	
Laundry Sink		2.0	
Lavatory		1.0	
Mobile Home, each		12.0	
Shower		2.0	
Water Closet, 1.6 GPF Gravity Tank		2.5	
<b>TOTAL NUMBER OF FIXTURE UNITS</b>			

**OCCUPANCY GROUP =**

**TYPE CONSTRUCTION =**

**WATER METER SIZE =**

**WATER SERVICE LINE SIZE =**

PERMIT #: \_\_\_\_\_ PROJECT ADDRESS: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PROJECT TYPE: \_\_\_\_\_

SEE CORRECTIONS NOTED ON PLANS

ANSWER QUESTIONS ON PLAN REVIEW PACKET

SEE ATTACHED LIST

CLOUD AND DELTA ALL RED LINES

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PRE-CONSTRUCTION MEETING REQUIRED  
(FOR OFFICE USE ONLY)

YES \_\_\_\_\_ NO \_\_\_\_\_

After reviewing the first submittal for construction plans, the plan reviewer will determine if a pre-construction meeting will be required. If so, we will be in contact with the owner/contractor as soon as possible.



When completed, please return to: City of Show Low, 180 N. 9<sup>th</sup> Street, Show Low, AZ 85901  
Please direct any questions to: Justen Tregaskes, Planning and Zoning Director (928) 532-4041

# Business License Application

♣ City of Show Low ♣

(Application fee: \$25.00)

Name of business: \_\_\_\_\_  
Name of applicant: \_\_\_\_\_ Relationship to business: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Physical address\*: \_\_\_\_\_ Mailing address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If this business is located in a residence within the City of Show Low, you will also need a Home Occupation Permit.

Brief description of nature of business: \_\_\_\_\_  
\_\_\_\_\_

Type of business:  Corporation  L.L.C.  Partnership  Sole Proprietor

If a corporation or L.L.C., state where incorporated: \_\_\_\_\_  
Statutory Agent: \_\_\_\_\_  
Arizona Transaction Privilege Tax Number: \_\_\_\_\_  
Contractor's license number (if applicable): \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Owners/officers of business (required)

Name	Date of birth

Required attachments (if applicable):

- A list of officers/owners/managers of the business and their addresses.
- Affidavit demonstrating lawful presence in the United States with required document.
- A copy of the Arizona Transaction Privilege Tax documentation.
- If business involves food, a copy of Navajo County Health Department approval.
- A list of hazardous materials or hazardous wastes which will be used or stored by the business.
- Copies of any additional licensing, registration, or permit requirements, i.e. professional, medical, technical, contractors, real estate, etc.

### For Office Use Only

Police warrant check: \_\_\_\_\_ Date: \_\_\_\_\_  
P & Z: \_\_\_\_\_ Date: \_\_\_\_\_  
Affidavit with document provided: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

License:  
Date Paid: \_\_\_\_\_ Amt:\$ \_\_\_\_\_ Date Issued: \_\_\_\_\_ #: \_\_\_\_\_



# AFFIDAVIT DEMONSTRATING LAWFUL PRESENCE IN THE UNITED STATES

ARS §1-502 requires that any person who applies to the City for a local public benefit (defined as a business license, grant, contract or loan) must demonstrate that he/she is lawfully present in the United States through the presentation of one (1) of the following documents.

**Please place a check mark next to the applicable document and present the document to the City employee. If mailing the document, attach a copy of the document to this Affidavit.** (If the document says on its face that it may not be copied or you know for reasons of confidentiality that it cannot be copied, you will need to present the document in person to the City for review and signing of the affidavit.)

- Arizona Driver License issued after 1996.**  
Print first 4 numbers/letters on license: 

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- Arizona Non-Operating Identification License.**  
Print first 4 numbers/letters on license: 

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- Birth Certificate or Delayed Birth Certificate issued in any state, territory or possession of the United States**  
Year of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
- U. S. Certificate of Birth Abroad.**  
Year of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
- U. S. Passport.**  
Print first 4 numbers/letters on passport: 

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- Foreign Passport with a United States Visa.**  
Print first 4 numbers/letters on passport: 

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Print first 4 numbers/letters on visa: 

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- I-94 Form with a photograph.**  
Print first 4 numbers on I-94: 

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- USCIS Employment Authorization Document (EAD).**  
Print first 4 numbers/letters on EAD: 

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or Permanent Resident Card (acceptable alternative): 

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- Refugee Travel Document.**  
Date of issuance: \_\_\_\_\_; Refugee Country: \_\_\_\_\_
- U. S. Certificate of Naturalization.**  
Print first 4 numbers/letters of CIS Reg. No.: 

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- U.S. Certificate of Citizenship.**  
Date of issuance: \_\_\_\_\_; Place of issuance: \_\_\_\_\_
- Tribal Certificate of Indian Blood.**  
Date of issuance: \_\_\_\_\_; Name of tribe \_\_\_\_\_
- Tribal or Bureau of Indian Affairs Affidavit of Birth.**  
Year of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

I swear or affirm, under penalty of perjury, that I presented the document marked above to the City of Show Low, that I am lawfully present in the United States, that the document I presented to establish this presence is true, and that I am the person stated on the document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Business/Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

Date: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

**For Office Use Only:**  
Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
\*Promptly report all observed violations of federal immigration law to (866) 347-2423 or by emailing [azicereport@dhs.gov](mailto:azicereport@dhs.gov).  
 Reported violation (check if applicable); Date/Time Reported: \_\_\_\_\_

## City of Show Low Utility Rates & Fees

Effective 7/1/2011 per Resolution 2011-17

Water Rates				
Rate Code	Meter Sizes	Usage Allowance	Base Fee	Rate per 1,000/gal
101	5/8-3/4"	5,000	24.00	2.36
102	1"	5,000	37.10	2.36
103	1 1/2"	11,000	77.98	2.36
104	2"	22,000	167.72	2.36
105	3"	44,000	345.27	2.36
106	4" +	67,000	556.49	2.36

Water Rates- Outside City Limits				
Rate Code	Meter Sizes	Usage Allowance	Base Fee	Rate per 1,000/gal
111	5/8-3/4"	5,000	30.00	2.95
112	1"	5,000	46.38	2.95
113	1 1/2"	11,000	97.48	2.95
114	2"	22,000	209.65	2.95
115	3"	44,000	431.59	2.95
116	4" +	67,000	695.61	2.95

Wastewater Rates			
Rate Code	Description	Base Fee	Rate Per 1,000/gal
301	Residential	26.78	n/a
351	Residential- Low Pressure	37.08	n/a
301	Commercial	21.12	2.42
361	Commercial- Low Pressure	32.38	2.42
310	Multi Family/Trailer Park*	21.12	1.82
311	Offices/Business/Retail*	21.12	1.82
314	Churches*	21.12	1.82
316	Motels and Hotels*	21.12	1.82
318	Schools*	21.12	1.82
320	Bars*	21.12	1.82

\*Existing business phase-in-rate

Sanitation Rates- Resolution 2011-07		
Rate Code	Description	Base Fee
501	First Polycart	16.50
502	Additional Polycart	7.54

Miscellaneous Rates		
Rate Code	Description	Base Fee
2101	Water Rights Preservation Fee	0.75
	Seasonal/Inactive Status	200.00
	<i>-Includes connect/disconnect fee for water customers</i>	
	<i>-Fee may be paid in installments over a period not to exceed 6-months</i>	
	<i>-Entire fee must be paid prior to re-connection</i>	
	<i>-Includes all services</i>	
	Water Connection	25.00
	Water Disconnect	25.00
	After Hours Call Out	40.00
	Re-Read/Read Only	25.00
	Bulk Meter Activation	150.00
	Bulk Meter Deposit	800.00
	Non-Sufficient Funds fee	25.00
	Late Fee <i>(applied 10 days after billing date)</i>	10.00
	Security Deposit	150.00
	<i>-with autopay sign up and continued active autopay</i>	75.00



**CITY OF SHOW LOW**  
 BUILDING SAFETY DEPARTMENT  
 180 N. 9<sup>TH</sup> STREET  
 SHOW LOW, AZ 85901  
 (928) 532-4050 /FAX (928) 532-4059

## RESIDENTIAL IMPACT FEE SCHEDULE

Single Family, Manufactured, Multiple Family, and Recreational Vehicle\*

	Water Meter Size**	Type of Dwelling Unit		
		Single Family Detached	Other Residential	Recreational Vehicle***
<i>Fees Effective 1/6/2012</i>				
<b>Sewer System Capacity Fee</b>	N/A	\$2,975	\$2,355	\$800
<b>Water System Capacity Fee</b>	¾"	\$1,280	\$1,280	\$1,280
<b>CITY OF SHOW LOW WATER ONLY;</b>	1"	\$2,174	\$2,174	\$2,174
<b>not applicable on private water systems.</b>	1½"	\$4,224	\$4,224	\$4,224
<b>Library Facilities Development Fee</b>	N/A	\$180	\$143	\$134
<b>Park &amp; Recreation Facilities Development Fee</b>	N/A	\$577	\$441	\$419
<b>Transportation Development Fee</b>	N/A	\$1,112	\$874	\$834
<b>Total Residential Impact Fees</b>	¾"	\$6,124	\$5,093	\$3,467
	1"	\$7,018	\$5,987	\$4,361
	1½"	\$9,068	\$8,037	\$6,411
<b>Water Meter Cost</b>	¾"	\$301	\$301	\$301
	1"	\$337	\$337	\$337
	1½"	\$590	\$590	\$590
<b>TOTAL (fees + meter)</b>	¾"	\$6,452	\$5,394	\$3,768
	1"	\$7,355	\$6,324	\$4,698
	1½"	\$9,658	\$8,627	\$7,001

Updated 12/7/2011

\*Note: Additional building fees will apply.

\*\*For water meter sizes greater than 1½" inch, please contact staff to determine fees.

\*\*\*A vehicle-type unit less than 400 sq.ft. of gross floor area that is located on a lot less than 4,999 sq.ft.



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## **BUILDING PERMIT AND PLAN REVIEW FEES**

**Building Permit Fees.** Fees are formulated by the 1997 Uniform Building Code fee schedule. Please contact Building Safety Department personnel for assistance in calculating this fee. The building permit application and documents (plans) shall be active for 180 days from the date of application. If the permit has not been issued by that time, the documents (plans) shall be returned to the applicant and the deposit forfeited to the city.

**Plan Review Fees.** The plan review fee shall be based on 20% of the building permit fee, as outlined in the 1997 Uniform Building Code. A \$200.00 deposit for all single-family residences shall be received at the time of application and plan submittal which will be applied to the plan review fee. If the permit has not been issued within 180 days from the date of application, the documents (plans) shall be returned to the applicant and the deposit forfeited to the city.