Planning & Development Services Department

Permit Application

Date: _____

Commercial: _____ **Residential:** _____

For Zoning and Subdivision review, the Unified Development Code (UDC) applies to this application. If you feel the Land Use Code (LUC) should apply, please consult with Zoning review staff. Applicable timeframes can be provided at your request or found in Administrative Manual Sec.3-02 or found on our website at www.tucsonaz.gov/pdsd. For information about this application or applicable policies and ordinances, please email COTDSDPermits@Tucsonaz.gov or call 520-791-5550.

Project Address: _____ **Bldg/Unit #** _____

Applicant Name: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Contractor: _____

R.O.C. #: (Registrar of Contractor) _____ Contractor Phone: _____

Professional Architect/Engineer: _____

Professional Seal#:_____ Professional Phone:_____

Name of Tenant at Project Address: _____
(If Applicable)

Description of Work: _____

EXPIRATIONS:
BUILDING PLAN REVIEW: 180 DAYS FROM ORIGINAL SUBMITTAL DATE
BUILDING PERMIT: 180 DAYS FROM DATE ISSUED, PAID REVISION or LAST INSPECTION RESULTING IN APPROVAL, PARTIAL APPROVAL OR DENIAL

I understand that any application, plans and/or related documents submitted to Planning and Development Services for review may be viewed as a Public Record per Planning and Development Services Department Records Policy 2011-05.
I further understand that they may also be subject to review and approval by Pima County including but not limited to Wastewater, DEQ, ADEQ, Addressing and/or Health Department and that I am responsible for paying any separate fees incurred as a result of these reviews prior to a permit being issued or a Development Package being approved by the City of Tucson Planning and Development Services Department. ***It is the responsibility of the Licensed Contractor or Architect to provide a letter to PDSD verifying their Contractor's license number and affiliation with the project for which this application is made. Failure to do so may result in revocation of this permit and all penalties incurred.***

_____ _____
Signature of Applicant **Date**

The above signature attests that to the best of my knowledge, the information contained in this application is complete and correct.

By state law, we cannot initiate a discussion with you regarding your legal right but we are happy to answer any questions you might have.

OTHER PERMIT OR VIOLATION NUMBERS EXISTING (APPLIED, APPROVED, ISSUED, EXPIRED OR PENDING STATUS)

NUMBER	STATUS	NUMBER	STATUS

Cross block _____