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| ***Please check only one ( separate applications must be submitted for Building or Fire )*** | |
|  | **OFFICE OF THE NAU LEAD BUILDING INSPECTOR (928) 523-2705** |
|  | **OFFICE OF THE NAU FIRE MARSHAL (928) 523-1873** |

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| **Today’s Date:** | **NAU Project Manager:** |
| **NAU Project #, Permit Application #, or NAU Work Order #:** | |
| **PROJECT LOCATION** | |
| **Name of NAU Building or Facility:** | |
| **NAU Building # or Facility ID:** | |
| **Project Address (or describe project location):** | |

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| **PROPOSED WORK** |
| **Briefly describe the scope of work to be covered by this permit** (attach additional pages as necessary)    **How many additional pages are attached? \_\_\_\_\_\_** |

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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **CONSTRUCTION PERMIT TYPE**  *(Please check the appropriate box, indicating the type of permit request. Issued by NAU Lead Building Inspector ONLY)* | | | | | | | | | | | | | | |  | | **Temporary Utility Permit** | | |  | **Electrical** | | | | | | | |  | | **Demolition Permit** | | |  | **Mechanical** | | | | | | | |  | | **Re-Roof Permit** | | |  | **Plumbing** | | | | | | | |  | | **In-House Work Permit** | | |  | **NAU Work Order #** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |  | |  | | **New Structure** | | |  | **Renovation to Existing Structure** | | | | | | | |  | | **Addition** | | |  | **Tenant Improvement** | | | | | | | |  | | **Other *(please specify)*** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |  | |  | | **If additional pages of explanation are attached *(please specify how many pages)*** | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | | | **FIRE LIFE SAFETY PERMITS**  *(Please check the appropriate box, indicating the type of permit request. Issued by NAU Fire Marshal ONLY)* | | | | | | | | | | | | | |  | **Fire Alarm** | | |  | | **Fire Sprinkler** | |  | **Underground Fire** | | | | |  | **Alternative Fire Suppression** | | |  | | **Kitchen Hood** | |  | **Fire Hydrant** | | | | |  | | **Other *(please specify)*** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |  | |  | | **If additional pages of explanation are attached *(please specify how many pages)*** | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | | |
| **Are plan drawings and all construction documents included / submitted as part of this permit application?**  (circle one) **YES or NO**  **If “NO” is circled, provide a complete & adequate written explanation as to what is missing** (attach additional pages)  **How many additional pages are attached? \_\_\_\_\_\_\_\_\_\_\_** |
| **Please include a complete drawing log, and list of all construction documents that have been submitted with this request** (attach additional pages)  **How many additional pages are attached? \_\_\_\_\_\_\_\_** |

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| **APPLICANT INFORMATION** | | | | | | |
| **Applicant Name & Title:** | | | | | | |
| **Company Name or NAU Trades Dept. (responsible for work to be performed):** | | | | | | |
| **AZ State Contractors License Number and Type:** | | | | | | |
| **Mailing Address, City, State, Zip:** | | | | | | |
| **Main Office Telephone Number:** | | | | | | |
| **Name & Title of Person to contact:** | | | | | | |
| **Contact Person Work Phone #:** | | | | | **Contact Person Cell #:** | |
| **Contact Person E-mail:** | | | | | | |
| **DESIGN PROFESSIONAL INFORMATION** | | | | | | |
| **Name of person Designated as Design Professional in Responsible Charge of Project:** | | | | | | |
| **Company Name:** | | | | | | |
| **AZ State License or Registration Number & Type:** | | | | | | |
| **Mailing Address, City, State, Zip:** | | | | | | |
| **Main Office Telephone Number:** | | | | | | |
| **Name & Title of Person to contact:** | | | | | | |
| **Contact Person Work Phone #:** | | | | | | **Contact Person Cell #:** |
| **Contact Person E-mail:** | | | | | | |
| **Signature Of Building Permit Application** | | | | | | |
| **By entering and signing my name as the applicant, I hereby attest that I am authorized to submit this request on behalf of: *(Please specify who you represent, check only one box below)*** | | | | | | |
|  |  | **Contractor** |  | **NAU Trades Department** | | |
| **Application of this permit does not authorize work to be performed without approval and issuance of a permit. I also understand that if a permit is issued, it does not constitute a notice to proceed.** | | | | | | |
| **Applicant’s Signature & Date Signed:** | | | | | | |
| **Printed Name & Title:** | | | | | | |
| **NAU USE ONLY**  **Certificate of Occupancy will be required before occupancy will be allowed?**  (circle one)  **YES or NO**  **Number of construction document sets received:**  **Name of person receiving documents & date received:** | | | | | | |