Project Submittal Application

City of Tempe
Development Services Department
31 E. 5th Street, Garden Level, Tempe, AZ 85281
Building Safety - Phone:480-350-8341 Fax:480-350-8677
Planning - Phone: 480-350-8331 Fax: 480-350-8872

Tempe

Project Information - Required

Project Name:	
Project Address:	**Suite No.:** ☐
Proposed Use of Building/Suite:	**Existing Zoning:** ☐
Legal Description: ☐ Attached	**Parcel No.:** ☐
Description of Work/Request:	
	Valuation (for building plan review only):

Applicant Information - Required

Company or Firm Name:			Telephone 1: ( ) Ext:_____
Applicant's Name:			Telephone 2: ( ) Ext:_____
Applicant's Street Address :			Fax: ( )
City:	State:	Zip:	Email Address(es):
Applicant Signature:			**Date:**

For City Use Only

Planning	**Fees**
☐ SPR	
☐ Dev Plan Review	
☐ Sign Permit	
☐ Use Permit	
☐ Variance	
☐ General Plan Amend	
☐ Zoning Amend	
☐ Zoning Verification Letter	
☐ Subdivision/Condo	
☐ PAD Overlay	
☐ Legal Posting Signs	
☐ Administrative Decision	
☐ Abatement	
☐ Shared Parking	
☐ CCR Review	
☐ Continuance	
☐ Appeal	
☐ Other _____	
Fire	
☐ Tanks	
☐ Spray Paint Booth	
☐ Special Extinguishing	
☐ Fire Alarm	
☐ Kitchen Hood System	
☐ Rack Storage	
☐ Hazmat	
☐ Other _____	

Building

- ☐ New Building
  - ☐ Complete
  - ☐ Prelease
  - ☐ Basic
- ☐ Add/Alt
- ☐ TI
- ☐ AFES (O/H)
- ☐ MF
- ☐ NRes
- ☐ Res Remodel/Add
- ☐ Pool
- ☐ Demo
- ☐ Grading Only
- ☐ Phased Constr
- ☐ Phased Constr w/UG MEP
- ☐ Structural Frame
- ☐ MEP Only
- ☐ Mobile Home
- ☐ Factory Built Bldg
- ☐ Deferred submittal
- ☐ Revision
- ☐ New Standard
- ☐ Permits based on Standard # _____
- ☐ Suiting
- ☐ Other_____

Engineering

- ☐ Engineering
- ☐ Revision

Tracking Nos.:

DS_____
BP_____
EN_____
PL_____
X_____
PC_____
PPC_____
CA_____
FR_____
RA_____
SGN_____

MCA Code:

File With:

Received By:

Submitted Materials:

_____Building _____Fire
_____Planning _____Signs
_____Engineering

☐ Spec Book(s) ☐ Soils Report
☐ Structural Calcs ☐ Report
☐ Truss Calcs ☐ Materials
☐ Hydraulic Calcs ☐ Color Board
☐ Parking Analysis ☐ Haz Mat Form
☐ Lighting Cut Sheets ☐ Other:

Total Valuation:

Total Submittal Fees:

Validation:

Date Stamp:

Planning Submittals are Subject to Dissemination to the Public

Please See Reverse for Instructions, Submittal Information and Time Limit of Application

DEVELOPMENT SERVICES
Sign Permit Application

REQUIRED*	PROPERTY OWNER INFORMATION				
BUSINESS NAME:					
CONTACT NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE:					
FAX:					
EMAIL:					

Required if Property Owner is different than Business Owner	BUSINESS OWNER INFORMATION				
BUSINESS NAME:					
CONTACT NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE:					
FAX:					
EMAIL:					

Required if Business Owner is different than Applicant	APPLICANT INFORMATION				
BUSINESS NAME:					
CONTACT NAME:					
ADDRESS:					
CITY:		STATE:		ZIP:	
PHONE:					
FAX:					
EMAIL:					

REQUIRED SIGNATURE	
I hereby apply for a sign permit with the City of Tempe and am familiar with the submittal requirements used in the evaluation of signs. I understand that if my application is not complete in all respects, it will result in processing delays.	Applicant Signature _____ Date _____

PRINT RESET **SUBMIT**