



### **GENERAL INSTRUCTIONS FOR GAS/ELECTRICAL PERMITS**

The following information is provided to assist the public in the procedure to obtain an gas or electrical permit from the Town of Pinetop-Lakeside for the modification, upgrade, addition or installation of gas and electrical service or components.

- A. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:
  - 1. Complete application
  - 2. Contractor's Statement
  - 3. Permit fee of **\$30.00** for electrical and **\$25.00** for gas
  - 4. Two (2) complete sets of plans and specifications
    - a. Site Plan/Plot Plan
    - b. Plans that including type, size, and location of service equipment
- 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 the permit (or the owner) to notify the building department that such work is ready for inspection. All inspections should be called in 24 hours in advance (Monday through Thursday between 7am and 6pm).
- D. GAS - After supply lines have been installed the User/contractor will conduct pressure testing in accordance with the 2006 International Plumbing Code (10 lbs./15 min). The building department will conduct an inspection for approved materials, shut-off valves, venting and pressure test.

**COMPLIANCE WITH THE TOWN BUILDING CODES AND ZONING REGULATIONS IS MANDATORY FOR ALL CONSTRUCTION AND DEVELOPMENT WITHIN THE TOWN OF PINETOP-LAKESIDE.**

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



<p><u>For Office Use Only:</u></p> <p>Permit#: _____</p> <p>Date Issued: _____</p> <p>Type: _____</p>
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## BUILDING PERMIT APPLICATION

APPLICANT TO PROVIDE ALL THE FOLLOWING INFORMATION (PLEASE PRINT)

Construction Address: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Zoning: \_\_\_\_\_ Lot: \_\_\_\_\_ Unit: \_\_\_\_\_

Owner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor License #: ROC - \_\_\_\_\_ \*Town of Pinetop-Lakeside Business License #: \_\_\_\_\_

Describe Building Project:  New  Addition  Alteration  Repair  Move  Demolition  
 Service Panel Upgrade  Natural Gas Conversion Other: \_\_\_\_\_

Any existing building on property at present: \_\_\_\_\_

NEW CONSTRUCTION SPECIFICATION:

Livable sf: _____	Porch (covered) sf: _____
Garage sf: _____	Deck (uncovered) sf: _____
Other sf: _____	

Separate inspections are required for footings, stem wall, slab reinforcement, under floor framing, roof sheathing/nail, underground plumbing, rough plumbing/framing/electrical/heating ducts/vents, drywall nail, gas test, electric service, and final.

This permit becomes null and void if work of construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinance governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

\_\_\_\_\_  
Name or Agent or Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS FORM SHOULD BE REVIEWED AND A COPY RETAINED BY THE APPLICANT.**

\*Any person, business or company that does business within the Town limits of Pinetop-Lakeside **must have** a Town of Pinetop-Lakeside business license, aside from a contractor's license. For further information, please call Town Hall at (928) 368-8883.

## For Office Use Only

Value for Livable		Permit Fee	\$
Value for Garage		Plan Check Fee	\$
Value for Decks		Impact fee	\$
Total Value		Total Fee	\$

### INSPECTION RECORD

**FOUDATION:**

**APPROVAL DATE AND INITIALS**

**REJECTION REASONS**

FOOTING & STEEL

\_\_\_\_\_

\_\_\_\_\_

STEM & STEEL

\_\_\_\_\_

\_\_\_\_\_

MONO/ POUR

\_\_\_\_\_

\_\_\_\_\_

**UNDER FLOOR**

WATER

\_\_\_\_\_

\_\_\_\_\_

PLUMBING

\_\_\_\_\_

\_\_\_\_\_

ELECTRICAL

\_\_\_\_\_

\_\_\_\_\_

FLOOR FRAMING

\_\_\_\_\_

\_\_\_\_\_

**ROUGH-IN**

ROOF SHTG

\_\_\_\_\_

\_\_\_\_\_

FRAMING

\_\_\_\_\_

\_\_\_\_\_

ELECTRICAL

\_\_\_\_\_

\_\_\_\_\_

PLUMBING

\_\_\_\_\_

\_\_\_\_\_

VENTING & HEATING

\_\_\_\_\_

\_\_\_\_\_

SHEAR WALL

\_\_\_\_\_

\_\_\_\_\_

**INTERIOR WALL-COVERING**

DRYWALL/NAILING

\_\_\_\_\_

\_\_\_\_\_

**ELECTRIC & GAS HOOK-UPS**

METER LOOP

\_\_\_\_\_

\_\_\_\_\_

GAS/PRES TEST

\_\_\_\_\_

\_\_\_\_\_

**FINAL INSPECTION**

BUILDING

\_\_\_\_\_

\_\_\_\_\_

ELECTRICAL

\_\_\_\_\_

\_\_\_\_\_

MECHANICAL

\_\_\_\_\_

\_\_\_\_\_

GRADING

\_\_\_\_\_

\_\_\_\_\_

CERTIFICATE OF OCCUPANCY: NO. \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

PROPERTY IS FOREST HEALTH AND FIRE PROTECTION COMPLIANT: \_\_\_\_\_ YES \_\_\_\_\_ NO

