11555 West Civic Center Drive / Marana, AZ 85653

Ph (520) 382-2600 / Fax (520) 382-2641

REGISTERED PLANT ANNUAL PERMIT APPLICATION

Instructions

Information about a registered plant permit can be found in the Building Safety Codes and Amendments adopted by the Town of Marana located online at https://www.maranaaz.gov/building-safety-codes.

- o Applicants can submit electrically by email. Please follow the Information resource on "<u>How to Submit Electronically</u>."
- Submit the completed application along with all forms and attachments electronically by email to <u>permits@maranaAZ.gov</u>. If means to submit electronically are unavailable, applicants can submit in person using a print copy to:

Development Services Marana Municipal Complex, Second Floor 11555 W Civic Center Dr. Building A2 Marana, AZ 85653

- The application and review status can be viewed through <u>Permit Tracker</u>, our On-line Application & Information System, utilizing the permit search menu.
- o Notice of corrections or approval will be communicated via email to the applicant listed on the application.

Payment

Fee information can be found on the online at <u>maranaAZ.gov/finance</u>. An invoice will be provided by email to the applicant for payment. Payment can be made in the form of credit card, cash or check payable to the Town of Marana.

- o Credit card over the phone, please call (520) 382-2600
- o In person or by mail, please send checks to:

Town of Marana, Cashiering 11555 W Civic Center Dr. Building A2 Marana, AZ 85653

Licensing Time Frame

Pursuant to and subject to A.R.S. § 9-836 (2019), the Town of Marana hereby establishes its licensing time frames, available here.

Contact Information

For questions about this form, please contact Angela Nelson by email at <u>permits@maranaAZ.gov</u> or call (520) 382-2633.



Development Services / <u>maranaAZ.gov</u>

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REGISTERED FEART ANNUAL FERMIT AT LICATION						
CONTACT INFORMATION	ON					
Registered Plant Name:			Registered Architec	Registered Architect:		
Type of Business:			Registration Numbe	Registration Number (please seal):		
Parcel No. (s):						
Primary Address:						
City:	State:	Zip:				
Phone No.:						
Other Location(s):			Architect Address:	Architect Address:		
			City:	State:	Zip:	
			Phone No.:	Phone No.:		
ADDITIONAL INFORMA	TION & REQUIRE	MENTS				
Total Area (sq ft) of all	buildings:					
Permit shall expire on applicant becomes n			me year the permit is issued e registered plant.	or if the registered	d and approved	
Provide the following i	information as n	eeded:				
□ Town of Marana bu □ A location map – in □ Floor plan ○ Show layout and ○ Identify the use o ○ Include dimension	clude the build dequipment if of of each room	ing footpr	rint, parking and cross streets e	(2 sets)		
Required Inspections:						
☐ Northwest Fire District ☐ Town of Marana Bu						
APPLICANT AUTHORIZA	ATION					
By signing below, I hereby acknowledge that I have read the information provided online at maranaaz.gov/arsnotice and certify that the information set forth in this application are true and correct to the best of my knowledge. I am either the owner of the property or I have been authorized in writing by the owner to file this application. (If the applicant is not the owner, attach written authorization from the owner)						
Applicant Name (PRINT)		Signature		Pate		
FOR OFFICIAL USE ONI Revision Date 05/16/2023	LY	Permit No	D D	ate Received		