



TOWN OF CAVE CREEK  
 37622 N CAVE CREEK RD  
 CAVE CREEK, AZ 85331  
 PHONE: (480) 488-1400 FAX: (480) 488-0579  
[www.cavecreek.org](http://www.cavecreek.org)

For Office Use Only

INTAKE DATE

PERMIT #:

PNF#

**APPLICATION FOR PLAN REVIEW, BUILDING PERMIT, AND ZONING CLEARANCE**

SITE ADDRESS:

ASSESSOR PARCEL NUMBER:

SUITE # :

BUILDING # :

SUBDIVISION:

LEGAL LOT #:

PROJECT DESCRIPTION (PLEASE BE DETAILED):

PERMIT TYPE:  NEW BUILDING  REMODEL  ADDITION  OTHER LIVABLE SQ. FT.

FENCE INCLUDED:  YES  NO

**PROJECT VALUATION: \$**

**OWNER INFORMATION**

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

E-MAIL:

PHONE #:

**APPLICANT CONTACT INFORMATION**

PROJECT CONTACT:

ADDRESS:

CITY:

STATE:

ZIP CODE:

E-MAIL:

PHONE #:

**CONTRACTOR INFORMATION**

COMPANY NAME:

CONTACT NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

E-MAIL:

PHONE #:

TOWN OF CAVE CREEK BUSINESS LICENSE NUMBER:

STATE TAX #:

ROC #:

I ATTEST THAT THE INFORMATION GIVEN ABOVE IS TRUE & CORRECT:

DATE:

SIGNATURE:

PRINTED NAME:

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Deposit Amt: \_\_\_\_\_

Method of Pymt: \_\_\_\_\_ Ck #: \_\_\_\_\_

Rcvd By: \_\_\_\_\_



## PROPERTY OWNER / AGENT AUTHORIZATION FORM

I (property owner) \_\_\_\_\_

Hereby authorize (owner's agent) \_\_\_\_\_

to make application to the Town of Cave Creek for the following (description of work) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessor Parcel Number \_\_\_\_\_

Physical Address \_\_\_\_\_

By signing this form, I hereby certify that I am the legal owner. I acknowledge and agree that I am ultimately responsible for all fees and work associated with the issuance of this permit.

Property owner (print) \_\_\_\_\_ Phone number \_\_\_\_\_

Property owner (signature) \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_