City of St. Johns Building Permit
St. Johns City Hall
70 E Commercial- St. Johns AZ 85936
Phone: (928)337-4517

PERMIT NO. D2024-00(

BUILDING PERMIT MUST BE POSTED AT JOBSITE

Please fill in the information within black line. Please Print

PERMIT APP. FOR: ☐ NEW CONST. ☐ ADD'N ☐ ELECT'L ☐ FENCE ☐ REPAIR ☐ MOVE ☒ DEMOLITION ☐ OTHER ☐ SOLAR ☐ GRADING ☐ PLUMB'G

JOB ADDRESS: 75 E Commercial

LEGAL DESCRIPTION: (If Necessary Put Map On Back) 203-26-210 A

NEAREST INTERSECTION:

WORK TO BE DONE: (Add'l info on back)

UTILITY INFO: LIST SOURCE OF WATER ____ SEWER ____ ELEC. ____ GAS ____

NO. OF BLDGS.: PROPOSED USE:

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all of the provisions outlined hereon.

DATE SIGNATURE

OWNER: NAME: Cadengo Holdings LLC
ADDRESS: 1202 E W.M. Blvd TEL. NO. 602 452-1495
CITY: Pinetop STATE: AZ ZIP CODE: 85636
CONTRACTOR: NAME
ADDRESS TEL. NO.
CITY STATE ZIP CODE
ARIZONA LICENSE NO. CLASS

Building Permit Fee: Pd. ( )
Resident ____
Commercial ____
Other ____
Plan Review/Variance ____

PROVISIONS: Every permit issued shall become invalid unless The work authorized by such permit is completed within 180 days After its issuance. The building official is authorized to grant, in Writing one (1) or more extensions of time, for periods not more Than 180 days each. The extension shall be done in writing and justifiable cause demonstrated (IRC R105.5) The permit shall be considered abandoned if it has not has a "passes" inspection within the past 180 days and may require the issuance of a new building permit.

ALL INSPECTION REQUESTS REQUIRE A MINIMUM OF 24 HOUR NOTICE

ELEC. SERVICE DATA: Amps. | Volts | 220 | GFI
GRADING: Excavation cu.yds. | Fill, cu.yds.
SOLAR: Envelope | Collectors | Storage | Tanks ☐ Racks ☐

LINE | PARCEL NO. | Flood Plain Waiver ☐
F. YD. | R. YD. | S1 YD | S2 YD | FRONT | PARKING
Variance, Date Granted | Actual Setbacks:
DISTRICT | APPROVED BY | CHKD.BY | DATE:

S 2ND | OCCUP. | FLR. L. LD. | LGTH. | WDTH. | HGT. | TYPE CONST.
FLRS | TOT. AREA | DWLG. AREA | GAR. AREA | ACC. AREA | NO. RMS. | NO. BDRMS. | NO. BATHS
G ROOF'G | GRT. WALL COV. | SPRINKLERS | OCC. LOAD | VALUATION
COMMENTS:
ELEC. INSP. | APPROVED BY: | CHKD. BY | DATE

Resident: ____

DWL'G AREA S.F. ____ @ $ ____
GARAGE S.F. ____ @ $ ____
ACCESSORY S.F. ____ @ $ ____

TOTAL VALUATION $ ____
BUILDING FEE $ ____
PLAN REVIEW $ ____
INVESTIGATION FEE $ ____
ELECTRICAL PERMIT FEE $ ____
RURAL ADDRESSING FEE $ ____
FLOOD PLAIN FEE $ ____
INSPECTION FEE X ____ $ ____
OTHER $ ____
TOTAL $ 150.00

To schedule an inspection Monday-Thursday call 928-337-4517 ext 225
Or email request to [illegible]

Inspection Preformed	Passed/Failed	Date of Inspection
Footing		
Stem Wall		
Framing		
Rough in Electrical		
Rough in Plumbing		
Sheeting		
Dry Wall		
Final		

WHEN VALIDATED BELOW THIS BECOMES A CERTIFICATE OF OCCUPANCY/ COMPLETION
DATE ____
BUILDING OFFICIAL ____