

ANNUAL FACILITIES REGISTRATION APPLICATION

FACILITY NAME:	
FACILITY ADDRESS:	
OWNER OR REPRESENTATIVE:	PHONE:
MAILING ADDRESS:	
REGISTERED PROFESSIONAL:	PHONE:
PROFESSIONAL'S ADDRESS:	
WORK TO BE PERMITTED IN ACCORDANCE WITH 2015 IBC, SECTION 105.1.1, AMENDED. FACILITY REGISTRATION FEE OF \$4,400.00*. PLEASE RETURN COMPLETED FORM AND A CHECK PAYABLE TO THE CITY OF SCOTTSDALE TO:	
CITY OF SCOTTSDALE DEVELOPMENT SERVICES DIVISION ATTN: Michael L. Clack 7447 E. INDIAN SCHOOL RD., SUITE 125 SCOTTSDALE, AZ 85251-3915	
Or email this form to: OneStopShopStaff@scottsdaleaz.gov and request a link to pay for you permit online with a Credit Card	REGISTRANT SEAL

BUILDING DEPARTMENT REPRESENTATIVE

DATE