TOWN

PARADISE VALLEY





Building Safety Department

6401 E Lincoln Dr Paradise Valley, AZ 85253

(480) 348-3692 (480) 443-3236 Fax

Fence Permit Application

Date: Application / Permit #:						
	Job Site Information					
Address:	Hillside: () Yes () No					
Assessor Parcel Number (APN):	Zoning:					
Subdivision Name:	Lot #:					
Property has: () Variance? () Special Use Permit? () Encroachment Permit? () Stop Work Order?						
	Owner Information □ check here if owner/builder (see pg 2)					
Owner Name:	Phone:					
Address (if different):						
City:	State: Zip Code:					
	Applicant Information					
Applicant's relationship to owner: □ A	gent □ Architect/Designer □ Contractor □ Other					
Applicant Name:	Phone:					
Email:						
Address (if different):						
	State: Zip Code:					
	Contractor Information					
Company Name:	Phone:					
Address:						
City:	State: Zip Code:					
Contact Name:	Phone:					
ROC License No.:	AZ Sales Tax ID:					
	nation is true and accurate. I further certify that I will comply with all					
OWNER OR AUTHORIZED AC	GENT SIGNATURE					
Fence linear feet:	Specify type:					
/alue: \$	Permit Fee:					
	Plan Review Fee:					
STAFF USE ONLY: Hillside Approval:	Date: Review Fee:					
Final Inspection Req'd: Yes/ No Assu	urance Required: Yes/ No Assurance Amount:					

		AS ACKNOWLE	DGEMENT THAT	OT APPLICABLE THE ITEM HAS than 12 If of fend	S BEEN ADDRE	
			nd Exemption Cer owner/builder pro	tificate for project ojects)	with value of \$50	<u>0,000</u> or greater
SL	JΒN	MITTAL REQUIREME	ENTS:			
1.	Τv	o sets of <u>stapled</u> plan	ns (24" x 36" mir	n 36" x 42" ma	x.) drawn to sca	ale showing:
		Topographic plan o retention basin(s) or	_	` '	ll not be place	d in a wash(es),
		Site plan (may be to easements. Show of		•	cation of all roa	ads, washes and
		Specify the fence type	oe (view – 80 %	open, CMU, wro	ought iron, woo	d, etc.)
		Specify fence height	(60" min as a p	ool barrier).		
		Show detail(s) of fer	nce construction	(footing size, de	epth & rebar).	
		Engineering for retaconstructed of 4" fer	•	•	24" of materia	al and on fences
		If a corner lot show to	the corner vision	triangle (50' lor	ng on each road	l side).
2.	Dι	ıst control plan (if less	s than 4,356 sf u	ise the attached	form).	
wit for rea ob	th t a aso liga	: Walls adjacent to a he architectural chara wall finish shall be shable access to finishion to do so. ACKS FROM PROPER	acter of the main stucco and paint sh that side of	n house on either t. If the owner	er side. The m of adjoining pr	inimum standard operty grants no
		3' Height	6' Height	6' Meandering	8' Arterial	Wall
Fro	ont					
Re	ar					_
Sic	le					_
Sic	le					_
		F.A.R. if courtya	rd wall exceeds 6	-foot in height		
ZC	NIN	IG DISTRICT (check th	e one that applies	s):		
	R-17	75 □R-43	□R-43 C.P.	□R-35	□R-35A	□R-35 C.P.
	₹-18	R □R-18A	□R-18 C P	□R-10	□SUP	

REVIEWED BY: _____

PARADISE VALLEY

PARADISE LA PLETO MANAGEMENT MANA

Building Safety Department

6401 E Lincoln Dr Paradise Valley, AZ 85253

(480) 348-3692 (480) 443-3236 Fax

Date:		
Address:		
Owner or Authorize	ed A	agent Name:
Type of structure:		Guest House (value < \$500,000)
		Detached Accessory Structure (value < \$500,000)
		Fence
		Retaining Wall
		Swimming Pool (> 18" deep)
		Spa
		Pond (< 18" deep)
		Water Fountain
		Water Feature
		Mailbox
		Barbeque
		Bench Seat
		Fireplace
		Firepit
		Tennis Court Net
		Basketball Hoop Stanchion
		Batting Cage
		Other:
No excavation, filling or drainage easem	-	grading, dumping or building is allowed in a wash, retention basin
I hereby certify that basins or drainage		e proposed structure will not be located in any washes, retention sements.
OWNER OR AUTH	HOR	RIZED AGENT SIGNATURE

TOWN

Of





Building Safety Department

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Dust Control Plan

(for disturbed areas up to 4,356 square feet*)

Date:	Address:			
Choose	at least one measure per (lettered) category. (Must be done for the life of the project.)			
	EARTHMOVING			
	(It is always an option to cease operations to prevent dust.)			
	emolition / Landscaping / Weed Control:			
	vatering as necessary to minimize visible emissions (increase frequency in high winds).			
	ly wet the site to the depth of any cuts.			
	Screening / Backfilling: cloud resulting from trenching (increase frequency in high winds).			
	rial after it drops from screen (increase frequency in high winds).			
	r truck or large hose dedicated to trenching & backfilling operations.			
	SITE STABLIZATION / DISTRUBED SURFACE AREA			
A) Temporary	Stabilization: (Including weekends & holidays)			
	areas at least twice a day until a crusted surface is formed.			
□ Apply che	mical stabilizers.			
	lly use wind fences / barriers / berms (not allowed as a primary measure).			
	e operations will not occur for more than 15 days:			
	t suppressants to all disturbed areas to maintain stabilization.			
	areas at least twice a day until a crusted surface is formed.			
	lly install temporary coverings / enclosures (not allowed as a primary measure).			
B) Final Stabilization: Within 8 months after active operations have ceased: □ Pave the affected area. □ Stabilize with gravel and/or recycled asphalt. □ Stabilize with vegetation.				
C) Open Storag				
□ Apply chemical stabilizers.				
	er to the surface of areas of all open storage piles on a daily basis.			
	ly install temporary coverings / enclosures (not allowed as a primary measure).			
	MATERIALS HANDLING / HAULING			
A) Materials Ha				
	ly wet material prior to handling or loading.			
□ Water and/or mist material while loading to minimize visible emissions.				
B) Hauling: All haul trucks must be effectively covered with a tarp or other suitable enclosure.				
A) Unnoved be	ROADWAYS / ACCESS POINTS			
	ul / access roads / equipment paths: Restrict vehicle speed to 15 mph. with gravel and/or recycled asphalt.			
	mical dust suppressants to maintain surface stabilization.			
	surfaces as needed to minimize visible emissions.			
	nts: Vacuum or wet broom daily all dirt or mud on paved road.			
	tabilized construction entrance / coarse gravel pad (Required if any hauling on or off site).			
□ Install a w	rheel washer.			
□ Limit, rest	rict and/or reroute motor vehicle access.			
	WATER SUPPLY			
A) Availability:				
B) Application:	□ By water truck(s) # gal/truck □ By hoses □ By sprinklers			
I hereby certify	that I am familiar with the operations presented above and agree to conduct all operations in			

compliance with the above, with Maricopa County Rule 310 and with all applicable environmental regulations.

OWNER OR AUTHORIZED AGENT SIGNATURE

Printed Name & Title

PARADISE VALLEY CONSTRUCTION SITE SECURITY CHECKLIST

This Construction Security Awareness Checklist is designed to help construction contractors and owners conduct a crimerisk awareness assessment for construction job sites to minimize and avoid thefts in neighborhoods. To enhance communications and foster better relations, a Paradise Valley Police Officer is available to review this checklist with the construction site contractor and manager, if desired.

If you have questions, please do not hesitate to call Community Resource Officer at 480-948-7418 or you can email CRO@paradisevalleyaz.gov. After receiving this checklist from Building Department, the Community Resource Officer will provide a copy to the Officer in the designated area. If there is an emergency, please dial 911. If it is a non-emergency, please dial 480-948-7418 at the Paradise Valley Police Department.

You are not expected to answer every question Yes. If the information does not exist or the Crime Prevention Coordinator has not completed the item or is not able to do so, just mark "No." This is an awareness checklist to help reduce crime on a jobsite, but it does not mean that every single item below needs to be checked "Yes" in order to begin work.

Thank you very much for partnering with the Town of Paradise Valley Police Department in keeping the Community a safer place, discouraging theft and individuals who will be looking for items to steal, and helping General Contractors and Subcontractors reduce theft of equipment and materials.

	CONSTRUCTION SITE SECURITY CHECKLI	ST	
NO.	TOPIC	RESPONSE	
	CRIME PREVENTION COORDINATOR ("CPC")		
1.	Please identify your construction site CPC and provide contact info. Name/Title of Crime Prevention Coordinator:	Yes No	
	Job Site Address: Email Address: Cell #: Permit #:		
2.	Is there a company contact for after hours? If other than CPC, please provide name and cell number:	Yes No	
3.	Is there a written job site security plan or checklist in place?	Yes No	
4.	Has the HOA or adjacent residents been included in the security plan or checklist?	Yes No	
5.	Does the CPC have contact information for the HOA or adjacent residents?	Yes No	
6.	Has the CPC completed crime prevention awareness training with the subcontractors and employees of the contractor?	Yes No	
7.	Did the CPC remind all employees of the subcontractors and general contractor to remind them that if they "See Something" they should "Say Something?" and to call 911 or 480-948-7418 for non-emergencies.	Yes No	
	ASSET, PROPERTY IDENTIFICATION AND CAMERAS		
8.	Are all assets on the site engraved or marked? Items can be engraved with logos or names or even spray paint of a distinct color. Valuable equipment should be marked in hidden locations.	Yes No	
9.	Have you and your subcontractors and their employees photographed, recorded serial numbers, marked, and inventoried company and personal equipment?	Yes No	

10.	Are signs posted that state that all assets are marked and inventoried?	Yes	No
11.	Are cameras installed?		
12.	If cameras are installed, do you have notices posted that security cameras are watching the construction site?	Yes	No
	INVENTORY CONTROL		
13.	Are materials and equipment checked frequently to ensure they have not been stolen or misplaced?	Yes	No
14.	Are deliveries of supplies or materials logged?	Yes	No
15.	Will appliance delivery be delayed until the structure can be locked?		No
16.	Are delivery vendors all identified and recorded by the construction site contractor? (eg, photo of license plate)	Yes	
	KEYS OR CODES		
17.	Are keys or codes issued only to those that need them, and a record maintained of those who have been assigned or provided keys or codes?	Yes	No
18.	Are all unused keys or codes secured?	Yes	No
19.	Have key or code control numbers been removed from padlocks or other locking devices?	Yes	
20.	Have all employees of the general contractor and subcontractors been reminded to lock tool boxes and remove keys or codes?	Yes	No
21.	Do you have a Knox box or similar device so that first responders have access to the site in the event it is locked?	Yes	No
	SITE SECURITY		
22.	Is perimeter fencing installed according to Town Code?	Yes	No
23.	Is the fence or other secured device around the perimeter inspected regularly?	Yes	No
24.	Are access points to the job site limited and secured?	Yes	No
25.	Is there a gate code?	Yes	No
	Is there an alarm?	Yes	No
	Gate Code or other Locking Device Contact Information in the Event the Alarm Goes Off:		
	Name of Company or Person in charge of gates or codes:		
	Email Address:		
	Cell Number:		
	Work Number:		
26.	Are "NO TRESPASSING" signs displayed in a prominent place on the fencing or on the perimeter of the construction site?	Yes	No
27.	Are there secured areas provided for tools and equipment?	Yes	No
28.	Are there GPS devices on any of the equipment, tools, or vehicles?	Yes	No
29.	Are there motion detection lights used on the construction site?	Yes	No

Thank you for your efforts to keep Paradise Valley safe and reduce thefts!

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