



ANNUAL FACILITIES PROGRAM
Registration Application

Permit or log #

Facility Name: _____ Square footage (campus total) _____

Facility Address: _____

Additional building addresses (must be on same campus): _____

Facility Agent (Arizona Registrant or other as approved by the Building Official) Registrant? ___Y ___N

Name: _____ Phone: _____ Certificate # _____

Email Address: _____

Mailing Address: _____

By submitting this application you are certifying that the facility owner's agent currently resides in the state of Arizona. If the representative moves out of state, or is otherwise replaced, then a new application must be submitted.

Other facility contact: Name _____ Title: _____

Email Address: _____ Phone: _____

Trust account contact (if different) Name: _____

Email _____ Phone _____

For City Use:

Application Fee _____ Trust account _____ Approved date: _____

Approved by: _____ Expiration date: _____

Mailing Address:
P.O. Box 4008, MS 401
Chandler, Arizona 85244-4008

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