



City of Phoenix
Planning And Development Department

BUILDING PERMIT

COMPLETED

To find out about Phoenix construction code adoption news and to research your permits or projects, please visit <http://www.phoenix.gov/PDD>

Permitted Building Construction hours are (non-Holiday weekdays):
 6:00 a.m. and 7:00 p.m. from May 1 to September 30
 7:00 a.m. and 7:00 p.m. from October 1 to April 30

200 West Washington Street
 Phoenix, Arizona 85003
 General Information 602-262-78

STATUS: DONE
 POST THIS PERMIT ON JOB SITE
 Before you start to dig, call Blue Stake 602-263-1100

Permit # DEM 17030477 **Issued** 25-OCT-2017 **Expires** 24-DEC-2017

Permit Description CIP 105003391A INT. DEMO
Project AFP I-0058 ST JOSEPHS HOSPITAL - AFP

Address 350 W THOMAS RD PHOENIX AZ 85013-4409 **Zoning**
 L 1 B * ST JOSEPH'S HOSPITAL NO 3 **Q S Q15-27 APN 118-41-014C Dist 04**

Description/Scope of Work: DEMO PERMIT ONLY
 EFFECTIVE BUILDING CODES: 2012 IRC, 2012 IECC, 2012 IBC, 2011 NEC, 2012 IMC, 2012 UPC OR 2012 IPC, 2012 IFC, 2012 IFGC.

 This permit only applies to work on PRIVATE PROPERTY. Work to be performed in the CITY RIGHT OF WAY will require a RIGHT OF WAY PERMIT prior to commencement of work. Fire system related demolition is not included in this permit. Contact the Fire Department for more information (602) 262-6771

*THIS PERMIT SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF THE WORK IS NOT COMMENCED WITHIN 30 DAYS AND IS NOT COMPLETED WITHIN 60 DAYS OR IF ACTIVE AND CONTINUOUS DEMOLITION WORK IS SUSPENDED OR ABANDONED FOR ANY PERIOD OF 5 DAYS OR MORE PRIOR TO FINAL COMPLETION AND CLEARANCE OF ALL DEBRIS FROM THE SITE. REASONABLE AND CONTINUOUS PROGRESS SHALL BE MADE TO COMPLETE ALL DEMOLITION WORK AS EXPEDITIOUSLY AS POSSIBLE.

THE PROPOSED WORK INCLUDES: Partial interior demolition of interior partitions, removal of doors and related electrical in demoed partitions

ZONING:.....
 BUSINESS NAME:...St Joseph's Hospital
 REVIEWER/INSPECTOR:.....Hans Harambasic 602-501-1140

DESCRIPTION OF WORK:
 PARTIAL INTERIOR DEMOLITION OF PARTITIONS AND RELATED ELECTRICAL

****NOTE****NOTE****NOTE****NOTE****NOTE****NOTE****NOTE****NOTE****NOTE****NOTE****NOTE****NOTE****

Valuation: \$29,000 **Str Class** 240 **Units** 0 **Sq.Ft.** 1,793 **Cnst I:IA** **Occ I:I-2**

Owner Information

Name CATHOLIC HEALTHCARE WEST
 Address 350 W THOMAS RD PHOENIX AZ 85013

Certificate of
 Occupancy Type: **COFC**

Contractor Information

Name ST JOSEPH'S HOSPITAL I-58 **Type** ARCH **Contact Phone** 602-406-4761
 Address 350 W THOMAS RD **Ins** **Exp**
City/St/Zip PHOENIX AZ 85013 **Phone** 602-406-7151

Instructions and Comments

Permit Issued By 140 Entered By 140

Inspections Required: AFP-ELEC AFP-STRUC

NOTICE - This permit authorizes the above described work to be done in accordance with the approved plans and all applicable City codes and ordinances. Plan approval and permit issuance does not authorize violation of any city code or ordinance. The contractor(s) doing the work and the property owner or tenant/occupant authorizing the work are all legally responsible for complying with all codes and ordinances. This permit expires by limitation and is null and void if work has not started within or ceased for any reason for 180 days, or if work is not completed by the expiration date printed above. Work after this time or beyond the scope of this permit requires a new supplemental permit. This permit can be suspended or revoked for failing to follow the approved plans or for violation of any City code or ordinance. Work within the public right-of-way shall comply with all City standard details and specifications. The contractor is responsible for maintaining streets and sidewalks safe and usable at all times. All barricades shall be approved in advance and shall comply with the City Traffic Barricade Manual.

Permit Fees

<u>Fee Code</u>	<u>Description</u>	<u>Total Amount</u>	<u>Paid</u>
AFPINSP*	ANNUAL FAC PROG INSPECTIONS	190.00	<input type="checkbox"/>
AFPINSP*	ANNUAL FAC PROG INSPECTIONS	190.00	<input type="checkbox"/>
AFPINSP*	ANNUAL FAC PROG INSPECTIONS	95.00	<input type="checkbox"/>
AFPINSP*	ANNUAL FAC PROG INSPECTIONS	95.00	<input type="checkbox"/>
AFPINSP*	ANNUAL FAC PROG INSPECTIONS	95.00	<input type="checkbox"/>
AFPINSP*	ANNUAL FAC PROG INSPECTIONS	190.00	<input type="checkbox"/>
		<hr/>	
		Permit Fee Total:	\$855.00