

Attachment J05 - CRIT TERO Instructions, Permit Requirements and Forms



**TRIBAL EMPLOYMENT RIGHTS OFFICE (TERO)
COLORADO RIVER INDIAN TRIBES
26600 MOHAVE ROAD
PARKER, ARIZONA 85344
TELEPHONE (928)669-1380/1390**

Attention: All Employer(s) and/or Sub-Contractor(s):

Please be advised that your project(s) cannot start until all following documents are submitted to the T.E.R.O. office and the Compliance Plan is approved by the T.E.R.O. Director, or designated representative:

1. CONTRACT/SCOPE OF WORK (including Project information, Primary contractor information, Core crew information, and Sub-contractor identification);
2. CONSTRUCTION SCHEDULE;
3. C.R.I.T. BUSINESS LICENSE (available at Revenue & Tax office, 928-575-1320);
4. C.R.I.T. BUILDING PERMIT (available at Building & Safety office, 928-669-1346);
5. AZ REGISTERED CONTRACTOR LICENSE;
6. INSURANCE DOCUMENTATION (listing "Colorado River Indian Tribes");
7. LIST OF AVAILABLE POSITION(S) WITH TITLE/WAGE/JOB DESCRIPTION(S);
8. C.R.I.T. T.E.R.O. FEE PAYMENT (Fee= Contract award amount X 3.5%, applicable for projects \$50,000 or more)

Also be advised that CERTIFIED PAYROLL we will be required after the compliance plan is approved and the project commences. Please refer to the EMPLOYER or SUB-CONTRACTOR COMPLIANCE PLAN for additional requirements.

Thank you. We look forward to working with you throughout your project(s).

Ms. Theo De La Rosa
T.E.R.O. Director
Theo.DeLaRosa@crit-nsn.gov

Nicole Valero
T.E.R.O. Compliance Officer
Nicole.Valero@crit-nsn.gov



CRIT Building & Safety Permit Application Requirements

Applies To:

- New Residential Construction
- New Commercial Construction
- Manufactured Mobile Home Placement
- Building/Room Additions
- Garage, Storage, Shed, Awning, Deck
- Vehicle Shade, Carport, Breezeway, Patio
- Swimming Pool, Spa
- Retaining Wall, Fence over 6 ft • Grading, Demolition
- Electrical, Plumbing, Gas Line, Mechanical Work

What You Need to Submit:

✦ **Completed Application Form**

✦ **Complete Site/Plot Plan**

- a) All parcel property lines (include all dimensions in feet), location of new dwelling/structure in relation to property lines), distance between all structures, property lines and neighbor's structures.

✦ **Owner Builder Statement**

Owner Builder Statement signed by owner if applicable. Does not apply to leased land (must provide a copy of title deed or your notarized warranty deed).

OR

✦ **Contractor Statement**

- a. Complete name of company, phone and license number
- b. Copy of contract fee page
- c. Contractor Building Statement signed by contractor and a listing of sub-contractors

✦ **Two (2) sets of construction plans** (plans need to be stamped by a licensed architect). One set will be returned to you (with the CRIT inspectors stamp) and your approved permit. Please Note: It is possible plan reviews will be completed by CRIT'S 3rd party plan reviewer, and if need be, you will be responsible for submittals and fees.

* Park manager verification letter * Big River Development verification letter

NOTE: Please allow 5-7 working days processing time for the issuance of your permit.

CRIT Building & Safety 26600 Unit D. Mohave Rd. Parker, AZ. 85344
(928) 575-1186, (928) 669-1294 Krystal.laffoon@crit-nsn.gov



COLORADO RIVER INDIAN TRIBES

DEPARTMENT OF BUILDING & SAFETY

26600 MOHAVE RD • PARKER, ARIZONA 85344

(928) 669-1346 or 669-1294 • FAX (928) 669-1231

BUILDING PERMIT

JOB ADDRESS					
1 LEGAL DESCR	LOT NUMBER	BLDCK	TRACT <input type="checkbox"/> (SEE ATTACHED SHEET)		
2 OWNER		MAIL ADDRESS	ZIP PHONE		
3 CONTRACTOR		MAIL ADDRESS	PHONE LICENSE NO		
4 ARCHITECT OR DESIGNER		MAIL ADDRESS	PHONE LICENSE NO		
5 ENGINEER		MAIL ADDRESS	PHONE LICENSE NO		
6 LENDER		MAIL ADDRESS	BRANCH		
7 USE OF BUILDING					
8 CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE					
9 DESCRIBE WORK					
10 CHANGE OF USE FROM					
CHANGE OF USE TO					
11 VALUATION OF WORK: \$		PLAN CHECK FEE	PERMIT FEE		
SPECIAL CONDITIONS		TYPE OF CONST.	OCCUPANCY GROUP DIVISION		
		SIZE OF BLDG. (TOTAL) SQ. FT.	NO OF STORIES MAX OCC. LOAD		
APPLICATION ACCEPTED BY:		FIRE ZONE	USE ZONE FIRE SPRINKLERS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
PLANS CHECKED BY:		NO. OF DWELLING UNITS	COVERED UNCOVERED		
APPROVED FOR ISSUANCE BY:		SPECIAL APPROVALS	REQUIRED RECEIVED NOT REQUIRED		
NOTICE SEPARATE PERMITS MAY BE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE SIGNATURE OF OWNER (IF OWNER-BUILDER) DATE		ZONING			
		HEALTH DEPT			
		FIRE DEPT			
		SOIL REPORT			
		OTHER (Specify)			
		BUILDING INSPECTION APPROVALS		DATE	INITIAL
		FOUNDATION SET BACK			
FOOTINGS INSPECTION					
REINFORCING					
ROUGH PLUMBING (WATER TEST)					
CONCRETE SLAB					
FRAMING					
INTERIOR LATHING OR DRYWALL					
EXTERIOR LATHING					
SIDING					
ROOFING - NAIL INSPECTION					
FINAL					

WHEN PROPERLY VALIOATED (IN THIS SPACE) THIS IS YOUR PERMIT



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DEPARTMENT OF BUILDING & SAFETY

26600 Mohave Rd • PARKER, ARIZONA 85344

(928) 669-1346 or 669-1294 • FAX (928) 669-1231

ELECTRICAL PERMIT

JOB ADDRESS

1 LEGAL DESCR	LOT NUMBER	BLOCK	TRACT	<input type="checkbox"/> (SEE ATTACHED SHEET)
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2 OWNER	MAIL ADDRESS	ZIP	PHONE
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3 CONTRACTOR	MAIL ADDRESS	PHONE	LICENSE NO
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4 ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE	LICENSE NO
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5 ENGINEER	MAIL ADDRESS	PHONE	LICENSE NO
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6 LENDER	MAIL ADDRESS	BRANCH
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7 USE OF BUILDING

8 CLASS OF WORK: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR

9 DESCRIBE WRK

10 CHANGE OF USE FROM

CHANGE OF USE TO

11 VALUATION OF WORK: \$

SPECIAL CONDITIONS

APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:
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NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED

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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

SIGNATURE OF OWNER (IF OWNER-BUILDER) DATE

PERMIT FEES

		No.	Each	Fee
RECEPTACLE	TOTAL			
LIGHT	OUTLETS			
SWITCH				
LIGHTING	TOTAL			
FIXTURES	FIXTURES			
RANGES	CLO. DRYER	WTR. HTR.		
GARBAGE DISP.	STA. COOK TOP			
DISH WASH.	CLOTHS WASH.			
SPACE HTR.	STA APPL	1 HP MAX		
MOTORS:	HP			
SIGNS	NO. TRANS.			
	NO. LAMPS			
TEMP. POWER	<input type="checkbox"/> POLE <input type="checkbox"/> UNDGD.			
SERVICE	0-200A			
<input type="checkbox"/> NEW	201-1000A			
<input type="checkbox"/> CHANGE	OVER 1000A			
PERMIT ISSUING FEE		\$		
TOTAL FEE			\$	

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

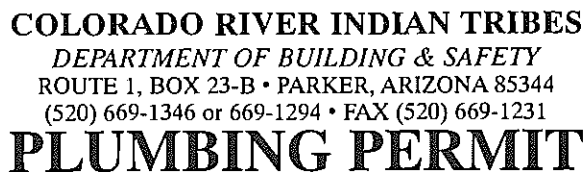
Date Green Tagged	Inspected By
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WHITE - Inspector

CANARY - Accounting

PINK - Temporary

PRINTING PLUS 1-800-760-7772
REV. 4/14



WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT