

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 CDNTRACTOR		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	
<p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS MAY BE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.</p> <p>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</p> <p>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.</p>		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		
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		DATE		
SIGNATURE OF OWNER (IF OWNER-BUILDER)		DATE		

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



COLORADO RIVER INDIAN TRIBES

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)				
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							
9 DESCRIBE WRK							
10 CHANGE OF USE FROM							
CHANGE OF USE TO							
11 VALUATION OF WORK: \$		PERMIT FEES					
SPECIAL CONDITIONS		RECEPTACLE	TOTAL	No.	Each	Fee	
		LIGHT	DUTLETS				
APPLICATION ACCEPTED BY:		PLANS CHECKED BY:		APPROVED FOR ISSUANCE BY:			
		NOTICE		LIGHTING FIXTURES		TOTAL FIXTURES	
<p>NOTICE</p> <p>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</p> <p>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.</p>		RANGES CLO. DRYER WTR. HTR.					
		GARBAGE DISP. STA. COOK TOP					
		DISH WASH. CLOTHS WASH.					
		SPACE HTR. STA APPL 1 HP MAX					
		MOTORS:			HP		
		SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		DATE			
		SIGNATURE OF OWNER (IF OWNER-BUILDER)		DATE			
		TEMP. POWER <input type="checkbox"/> POLE <input type="checkbox"/> UNDGD.		SERVICE			
		<input type="checkbox"/> NEW		0-200A			
		<input type="checkbox"/> CHANGE		201-1000A OVER 1000A			
PERMIT ISSUING FEE			\$				
TOTAL FEE			\$				

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

Date Green Tagged	Inspected By

WHITE - Inspector CANARY - Accounting PINK - Temporary

