



Internal Use

- ☐ Water
☐ Engineering
☐ Fire - Routed:

Application # _____

Permit and Zoning Clearance

PROJECT INFORMATION					
Description				Square Footage	
Address			Tract	Block	Lot(s)
Project Name				Estimated Value	
OWNER INFORMATION			APPLICANT INFORMATION		
Name		Phone	Name		Phone
Mailing Address			Email		
CONTACTS - Building Permits					
	Name	Mailing or Email Address	Phone	State Lic #/Class	Business Lic. #
ARCHITECT					
GENERAL					
CONTACTS - Miscellaneous Permits					
DRIVEWAY					
ELECTRICAL					
FIRE SPRINKLER					
GRADING					
LPG					
MECHANICAL					
PLUMBING					
POOL / SPA					
☐ Water Meter	☐ Irrigation Meter	☐ Hot Tap	☐ Sewer Tap: ☐ Primary ☐ Secondary	☐ Backflow	☐ Fire Line ☐ LPG Tank
SIZE					

PARTY RESPONSIBLE FOR WATER SERVICE BILLING: ☐ Contractor ☐ Owner

APPLICANT ACKNOWLEDGEMENT:

- ☐ **CONTRACTOR/AUTHORIZED AGENT:** I accept responsibility that work to be conducted under issued permit conforms to plans submitted in conjunction with this application and in accordance with Lake Havasu City codes. Occupancy or use of any structure is not allowed until a Certificate of Occupancy is issued. Failure to comply with this requirement may result in the filing of a civil infraction. **This application is filed on behalf of the property owner, and the application and all accompanying plans and documents may be revoked or transferred at any time by the property owner.**
- ☐ **OWNER/BUILDER:** I am exclusively contracting licensed contractors to construct the project or I or my employees will do the work. I understand that I must own the home for a period of one (1) year following completion prior to renting, selling, or leasing the residence. Occupancy or use of any structure is not allowed until a Certificate of Occupancy is issued. Failure to comply with the requirement may result in a civil infraction being filed.

The undersigned verifies they are authorized to file this application and that the information is accurate and true to the best of their knowledge.

Signature _____

Date _____

- * Changes may result in additional plan review fees.
- * **Permit expires** 180 days from issuance (if no inspections were done) or 180 days from the last required inspection. Plans in review status may be destroyed if not resubmitted or issued within 180 days.
- * **Permit** fees may be refunded at 80% within 180 days of issuance if no work has commenced. **No refund** of plan check fees if plans have been reviewed by a Plans Examiner.
- * Contact Mohave County Health Department at kjgmpersitstaff@mohave.gov concerning septic tank installation and percolation tests.

FOR OFFICIAL USE ONLY			
☐ Bond Exemption Cert.	Land Use	_____	_____ : _____ sq ft @ \$ _____ = _____
☐ Health Dept. Approval	Zoning	_____	_____ : _____ sq ft @ \$ _____ = _____
☐ Licensing Certification	Occupancy	_____	_____ : _____ sq ft @ \$ _____ = _____
☐ Sprinkler	Census Class	_____	_____ : _____ sq ft @ \$ _____ = _____
Prior Grade _____	Types of Const.	_____	_____ : _____ sq ft @ \$ _____ = _____
Max Grade _____	No. of Stories	_____	_____ : _____ sq ft @ \$ _____ = _____
Min. Grade _____	Dwelling Units	_____	_____ : _____ sq ft @ \$ _____ = _____
	Authorized Use	_____	_____ : _____ sq ft @ \$ _____ = _____
Comments:		Plan Check Fee \$ _____ Total Valuation: \$ _____	
		Building Fee \$ _____ PE _____	
		Retainer Fee \$ _____	
		Total Permit Fee \$ _____	

Notice: Arizona Revised Statutes § 9-495 requires in any written communication between the City and a person, the City provide the name, telephone number, and email address of an employee to provide information if the communication: 1) Demands payment of a tax, fee, penalty, fine or assessment; 2) Denies an application for a permit or license that is issued by the City; or 3) Requests corrections, revisions or additional information or materials needed for approval of any application for a permit, license or other authorization that is issued by the City. The employee shall reply within five (5) business days after City's receipt of a communication if authorized and able.

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