						P	ROJECT IN	NFOR	MATION					
Description							Square Footage							
Address									Tract	Bloo	:k	ot(s)		
Project Name								Estimated Value						
OWNER INFORMATION							APPLICANT INFORMATION							
Name Phone								Name Phone						
Mailing Address								Email			1			
IVIGIIII	7 (dui 055					CON	ITACTS - E		ng Permits	3				
Name Mailing or Em				Email	ail Address Phone			State L	State Lic #/Class					
ARCHITECT														
GENERAL														
					C	ATNC	CTS - Misc	cellar	eous Perr	nits	<u> </u>			
DRIVE	WAY													
ELECTRICAL														
FIRE SPRINKLER														
GRADING														
LPG														
MECHANICAL														
PLUMBING														
POOL / SPA														
	Water Me	eter [	Irrigation M	eter	Hot Ta	p	Sewer Ta	ıp:	Primary	Secondary	Backflow	Fire Line		LPG Tank
SIZE								F	,					
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 destoryed 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.														
* Co	ontact Mohave	County	y Health Depar	tment at	kgmpermi		OR OFFICIA			ic tank installat	tion and percola	tion tests.		
He	and Exemption ealth Dept. App ensing Certific rinkler	proval	Land Use Zoning Occupancy Census Cl			_ _ _			; ; _		sq ft @ \$ sq ft @ \$ sq ft @ \$			

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.

Application #