Application #

						PROJECT	INFOF	RMA	TION															
Description			Square Footage																					
Address							Tract Block							k	Lot(s)									
Project Name		Estimated Value																						
		APPLICANT INFORMATION																						
Name Phone							Name Phone																	
Mailing Address					CO	NTACTS -	Emai		Parmit	e														
		Name		Mai			Dana	l			ne	1	State I	ic #/Class	l <sub>B</sub>	usiness Lic. #								
ARCHITECT		ramo	Mailing or Email Address			iii 7 idai 000	THOR				State Lie III State			Business Lis. #										
	GENERAL																							
CONTACTS - Miscellaneous Permits																								
	l				CONT	ACIS - MIS	scella	neo	Square Footage    Tract															
DRIVEWAY																								
ELECTRICAL	LECTRICAL																							
FIRE SPRINKLER																								
GRADING																								
LPG																								
MECHANICAL																								
PLUMBING																								
POOL / SPA																								
Water M	otor [	Irrigation M	otor		Hot Tap	Sewer 1	Tan:	Dri	iman, [		ocondan,		Packflow	Eiro Lino	_	I DC Tank								
	eter	_ imgation w	eter		постар	Sewei i	тар		illiary [		econdary	┡	Dackilow			LPG TallK								
PARTY RESPONSI					<u> </u>	Contractor																		
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									Dat	е					#/Class Business Lic. #  #/Class Business Lic. #  Fire Line LPG Tank  s submitted in conjunction with cate of Occupancy is issued. Perty owner, and the er.  ork. I understand that I must use of any structure is not ed.  inowledge.  view status may be destoryed if lans have been reviewed by a con tests.									
* 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.  * Contact Mohave County Health Department at kgmpermitstaff@mohave.gov concerning septic tank installation and percolation tests.  FOR OFFICIAL USE ONLY																								
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Bond Exemption Health Dept. Ap		Zoning	,						—: -															
Licensing Certification		Occupancy																						
Sprinkler Cen		Census Cla	ass						_: _															
		Types of C	es of Const.					:sq																
Max Grade		No. of Stor	ies						:_			sq	ft @ \$	=_										
Min. Grade		Dwelling U							: _			sq		=_										
		Authorized	Use		_	Plan Che		\$	·			_	Total V	aluation: \$										
Comments:						Building Retainer Total Per	Fee	\$ e \$				- -			Р	E								

**Permit and Zoning Clearance** 

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.

\*Rev. 08/05/2025 (CA 9.15.22)