

NEW COMMERCIAL STRUCTURES, TENANT IMPROVEMENTS, AND MULTI-FAMILY PROJECTS



“Build a good city by guiding the orderly physical development of Lake Havasu City in accordance with the General Plan and the development codes and policies adopted by the City Council.”



LAKE HAVASU CITY

Development Services Department

2330 McCulloch Blvd N ♦ Lake Havasu City, AZ 86403

www.lhcaz.gov ♦ 928-453-4148 ♦ builderinfo@lhcaz.gov

Development Review / Permit Process for New Commercial Structures, Tenant Improvements, and Multi-Family Projects

1. **Pre-Application Meeting**: Applicant submits a Pre-Application form and conceptual site plan. Once documents are submitted, staff will schedule an appointment with the applicant. At the pre-application meeting, the project owner, architect, and contractor will meet with the Development Review Committee, which is made up of one representative from each of the permitting departments to discuss the project. Staff will elaborate on submittal requirements, and the applicant will be given checklists for submittal requirements and forms necessary to obtain required permits.
2. **Completeness Verification**: Plan review does not begin until City staff has verified that the submittal package is complete. The applicant is responsible for the completion and submittal of all necessary construction documents, plans, and application forms as described in the pre-application meeting. If incomplete, the plans are returned to the applicant. If complete, the applicant pays the planning and building review fees, and the plan review process begins.
3. **Plan Review**: Construction plans will be reviewed concurrently by Planning, Building, Engineering, Fire Prevention, and Stormwater Management for code compliance. All review comments will be provided to the applicant with the redlined plans.
4. **Corrections**: The applicant is responsible for responding to all comments and required corrections. The review process may be repeated as many times as necessary for the applicant to address the code requirements.
5. **Permit Issuance**: Issuance of permits requires the payment of all permit and plan check fees, as well as off-site improvement guarantees, and Mohave County Health Department approval when required. No permits will be issued until the following has been provided on the building permit application: Name of general contractor and their City business license number, contractor's license number and a copy of their Arizona Department of Revenue bond exemption certificate.



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Mohave County Department of Health
Environmental Health Division
2001 College Drive ♦ (928) 453-0712

To ensure all projects are constructed in accordance with pertinent Arizona Health Regulations, the Mohave County Health Department requires plans be submitted to them for approval on the following types of projects:

- Food establishment (i.e., restaurant, saloon, market, convenience market, deli, café, snack bar, juice bar, cafeteria, etc.)
- Public and semi-public swimming pool or spa, to include those in an apartment complex, condominium, townhouse, motel, hotel, as well as a residential housing unit with 4 or more units.
- Pet shop, kennel, grooming establishment, with the exception of veterinary clinics providing these services.
- Public accommodation (i.e. hotel, motel, inn, etc.)
 - Note: Bed and Breakfast may be excluded from plan review by meeting all requirements per Arizona Food Code.
- RV park, mobile home park, campground
- School building

It is the responsibility of the owner, the owner’s agent, the architect, or the contractor to coordinate directly with the Health Department and provide all required plans directly to them. **Building permits cannot be issued until Health Department approval is obtained.**

- This project **WILL** require Health Department approval, and I understand it is my responsibility to work directly with them.
- This project **WILL NOT** require Health Department approval.

Printed Name of Applicant

Applicant’s Signature

Relationship to Project

Project Address/Location

Project Name

Date

Submittal Date



Application # _____

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					
	<input type="checkbox"/> Water Meter	<input type="checkbox"/> Irrigation Meter	<input type="checkbox"/> Hot Tap	<input type="checkbox"/> Sewer Tap: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Backflow <input type="checkbox"/> Fire Line <input type="checkbox"/> 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 kqmpersitstaff@mohave.gov concerning septic tank installation and percolation tests.

FOR OFFICIAL USE ONLY						
<input type="checkbox"/> Bond Exemption Cert.	Land Use	_____	_____	sq ft @ \$ _____	= _____	
<input type="checkbox"/> Health Dept. Approval	Zoning	_____	_____	sq ft @ \$ _____	= _____	
<input type="checkbox"/> Licensing Certification	Occupancy	_____	_____	sq ft @ \$ _____	= _____	
<input type="checkbox"/> 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	_____	_____			
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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New Commercial Structures, Tenant Improvements, and Multi-Family Projects PLAN ACCEPTANCE CRITERIA – BUILDING

Contact Building: (928) 453-4148 ♦ builderinfo@lhcaz.gov

****This checklist must be attached to each Building submittal (required documents listed below).****

Project Name: _____

Project Address: _____

Project Legal: Tract: _____ Block: _____ Lot: _____

Forms Required Prior to Permit Issuance:

- Completed application for Building Permit / Utility Service / Off-Site Improvement / Fire Permit for each building with property owner’s name, mailing address, and phone number, as well as information for the general contractor and subcontractors, including State and City license numbers.
Note: Permits will not be issued until general contractor licensing information has been provided.
- Valid Licensing Certification
- Bond Exemption Certificate for projects with an estimated project value over \$50,000

Registrant Requirements: Every sheet must be stamped by an Arizona registrant, except projects exempt by Arizona Revised Statutes §32-144.

Current Codes: 2018 IBC, 2018 IMC, 2017 NEC, 2018 IPC, 2018 IFGC, 2018 IFC, ANSI A117.1-2009, 2010 “ADA,” and Lake Havasu City’s local amendments. **NOTE:** Automatic fire sprinklers are required on all multi-family and commercial occupancies.

Design Parameters:

Seismic Zone =	Engineer to calculate
Rainfall =	1.5 inches per hour
Wind Design =	Risk Category I = 95 mph
	Risk Category II = 100 mph
	Risk Category III = 106 mph
	Risk Category IV = 110 mph
	<u>NOTE:</u> Risk category determined by ASCE 7-16 minimum design loads for buildings and other structures – Table 1.5-1
Wind Exposure =	B or C, and determined by Engineer

REQUIRED DOCUMENTS / INFORMATION

New Construction

Tenant Improvement

Required Provided

- Project Name, Description, Tract-Block-Lot, and Street Address on all plan sheets
- Mohave County Health Department Notification Form
- Soils Report or Design to 1500 PSF (compaction required for all projects)
NOTE: Soils report required for all essential facilities and grading exceeding 5,000 cubic yards.
- Title Sheet (building code data, allowable area calculation, occupancy types, type of construction, plumbing fixture calculations, deferred submittal items)
- Site Plan
- Site Accessible Route Plan (IBC 1104 and ADA 206)
- Civil Drawings (hardscape, site drainage & sales utilities, retention/detention areas, site retaining walls with square footage)
- Survey
- Grading Plans (include total cubic yards or cut and/or fill)
- Means of Egress Plan (IBC Sec. 107.2.3 and IBC Chapter 10)
- Floor Plan
- Foundation Plan
- Roof Framing Plan
- Architectural Elevations
- Typical Longitudinal and Transverse Cross-Sections (include type of roof and wall)
- Structural Details
- Plumbing Plan (isometrics-drain & water, fixture units, water meter / distribution pipe size calcs, etc.)
- Mechanical Plan (model number, unit size, weight, maximum fuse size, duct layout & size, etc.)
- Full-Size Manufacturer's Stock Sheets for Type 1 and Type 2 Kitchen Exhaust Systems
- Electrical Plan (one-line, panel schedule, load & fault current calculations, etc.)
- Electric service must be installed underground.
- ADA Specifications Sheet
- Two (2) Sets of Truss Calculations
- Two (2) Sets of Sealed Structural Calculations
- Two (2) 8-1/2" x 11" Addressing Plan

Pre-application Acknowledgement and/or Pre-Application Waiver Acknowledgement:

I understand that ALL of the above information must be submitted, unless an item has been found not to be applicable. Plan check will not begin until all required documentation has been provided. I will be notified of any submittal deficiencies. Further, I understand that I have the right to request a formal pre-application meeting and that without a pre-application meeting, Lake Havasu City has not had the ability to review my plans and/or information for omissions.

Applicant (Print Name)

Applicant's Signature

Date

Official Use Only Below – Completeness Review

Date plans submitted: _____ Shell Verified on Application and Plans

Plans accepted Plans rejected

Reviewed by: _____ Date: _____



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New Commercial Structures, Tenant Improvements, and Multi-Family Projects PLAN ACCEPTANCE CRITERIA – **PLANNING**

Contact Planning: (928) 453-4148 ♦ planninginfo@lhcaz.gov

****This checklist must be attached to the Planning submittal (required documents listed below).****

Project Name: _____

Project Address: _____

Project Legal: Tract: _____ Block: _____ Lot: _____

Planning & Zoning: Staff's Initials: _____ Date: _____

Projects that have not been reviewed in a pre-application meeting will be required to secure formal Design Review approval unless the applicant/owner contacts a Planning Division representative to make other arrangements.

- The proposed project does not require review by the Planning Division.
- The proposed project will not require separate design review submittal. The Planning Division will review the project utilizing the plans submitted to the Building Division.
- The proposed project requires a formal design review. New Construction Tenant Improvement

REQUIRED DOCUMENTS (Bundle together for Planning submittal)

Required	Provided	
<input type="checkbox"/>	<input type="checkbox"/>	Complete Design Review Application
<input type="checkbox"/>	<input type="checkbox"/>	One (1) 8-1/2" x 11" or 11" x 17" Site Plan
<input type="checkbox"/>	<input type="checkbox"/>	Two (2) 11" x 17" or 24" x 36" Site Plan
<input type="checkbox"/>	<input type="checkbox"/>	Two (2) 11" x 17" or 24" x 36" Landscape Plan (if not included on site plan)
<input type="checkbox"/>	<input type="checkbox"/>	Two (2) 11" x 17" or 24" x 36" Architectural Building Elevations
<input type="checkbox"/>	<input type="checkbox"/>	Two (2) 8-1/2" x 11" or 11" x 17" Addressing Plan
<input type="checkbox"/>	<input type="checkbox"/>	Two (2) 11" x 17" or 24" x 36" Grading Plan showing finished grade of structures (if not included on site plan)
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Pre-application Acknowledgement and/or Pre-Application Waiver Acknowledgement:

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 Applicant (Print Name) Applicant's Signature Date

Official Use Only Below – Completeness Review

Date plans submitted: _____

- Plans accepted Plans rejected No requirements

Reviewed by: _____ Date: _____



**New Commercial Structures, Tenant Improvements, and Multi-Family Projects
 PLAN ACCEPTANCE CRITERIA – ENGINEERING**

Contact Engineering: (928) 854-0789 ♦ engineeringinfo@lhcaz.gov

****This checklist must be attached to each Engineering submittal (required documents listed below).****

Project Name: _____

Project Address: _____

Project Legal: Tract: _____ Block: _____ Lot: _____

Forms Required Prior to Permit Issuance:

- Completed application for Building Permit / Utility Service / Off-Site Improvement / Fire Permit for each building with property owner's name, mailing address, and phone number, as well as information for the general contractor and subcontractors, including State and City license numbers.

Note: Permits will not be issued until general contractor licensing information has been provided.

Registrant Requirements: Every sheet must be stamped by an Arizona registered engineer, except projects exempt by Arizona Revised Statutes §32-144.

REQUIRED DOCUMENTS New Construction Tenant Improvement

Required Provided

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) Sets of Right-of-Way Improvement Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) Sealed Engineer Estimates for Proposed Work in the Right-of-Way |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) Site Plans showing Water / Sewer / Fireline Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) Sets of Plumbing Plans (including fixture unit counts for all water/sewer fixtures and max gallons per minute water usage) |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) Copies of Industrial Waste Questionnaire (completed and signed) |

REQUIREMENTS (IF CHECKED)

Required Provided

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | AutoCAD File of Approved Improvements (v. 2014) |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) Copies of Water Capacity Study |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) Copies of Sewer Capacity Study |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) Copies of Traffic Impact Study |
| <input type="checkbox"/> | <input type="checkbox"/> | Offsite Improvement Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Grease Interceptor |
| <input type="checkbox"/> | <input type="checkbox"/> | Drainage Study |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Pre-application Acknowledgement and/or Pre-Application Waiver Acknowledgement:

I understand that ALL of the above information must be submitted, unless an item has been found not to be applicable. Plan check will not begin until all required documentation has been provided. I will be notified of any submittal deficiencies. Further, I understand that I have the right to request a formal pre-application meeting and that without a pre-application meeting, Lake Havasu City has not had the ability to review my plans and/or information for omissions.

Applicant (Print Name) _____ Applicant's Signature _____ Date _____

Official Use Only Below – Completeness Review

Date plans submitted: _____ Plans accepted Plans rejected No requirements

Reviewed by: _____ Date: _____



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New Commercial Structures, Tenant Improvements, and Multi-Family Projects PLAN ACCEPTANCE CRITERIA – FIRE

Contact Fire: (928) 855-1141 ♦ lhcfire@lhcaz.gov

****This checklist must be attached to the Fire submittal (required documents listed below).****

Project Name: _____

Project Address: _____

Project Legal: Tract: _____ Block: _____ Lot: _____

Forms Required Prior to Permit Issuance:

- Completed application for Building Permit / Utility Service / Off-Site Improvement / Fire Permit for each building with property owner’s name, mailing address, and phone number, as well as information for the general contractor and subcontractors, including State and City license numbers.

Note: Permits will not be issued until general contractor licensing information has been provided.

Registrant Requirements:

1. When required by the Fire Marshal, all fire alarm and occupant notification system plans submitted to the Fire Department for review and approval shall bear a qualified registrant’s seal or review certification of a minimum level III National Institute for the Certification of Engineering (NICET) in Fire Alarms.
2. All fire sprinkler plans for new commercial construction shall bear the stamp of a minimum NICET III in Fire Sprinklers or the seal of a Fire Protection Engineer.

Exception: Fire sprinkler plans for a 13D system may be designed by a non-registrant.

Current Codes: 2018 IBC, 2018 IMC, 2017 NEC, 2018 IPC, 2018 IFGC, 2018 IFC, ANSI A117.1-2009, 2010 “ADA,” and Lake Havasu City’s local amendments. **NOTE:** Automatic fire sprinklers are required on all multi-family and commercial occupancies.

REQUIRED DOCUMENTS

New Construction

Tenant Improvement

Required Provided

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | One (1) Set of Building Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Three (3) Sets of Fire Line/Underground Supply On-Site Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Three (3) Sets of Fire Sprinkler Plans - Provide System Type: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | One (1) Set of Fire Sprinkler System Hydraulic Calculations |
| <input type="checkbox"/> | <input type="checkbox"/> | Three (3) Sets of Fire Alarm and/or Fire Sprinkler Monitor Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | Three (3) Sets of Fire Suppression System/Hood or SPL System Plans |

REQUIRED DOCUMENTS (cont.)

Required Provided

- Hazardous Materials Disclosure Statement Form
- MSDS on all Disclosed Items
- Three (3) Sets of Spray Booth/Room Plans
- Storage Form
- Three (3) Sets of LP Gas Tank Site Plans – Provide Tank Size: _____
- Three (3) Sets of Underground/Above Ground Tank Plans
- One (1) Site Plan Showing Fire Lines
- Other: _____

NOTE: Provide plans on CD-Rom in type DWG digital format.

Comments: _____

Pre-application Acknowledgement and/or Pre-Application Waiver Acknowledgement:

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Applicant (Print Name) Applicant's Signature Date

Official Use Only Below – Completeness Review

Date plans submitted: _____

- Plans accepted Plans rejected Plans Deferred

Reviewed by: _____ Date: _____



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New Commercial Structures, Tenant Improvements, and Multi-Family Projects PLAN ACCEPTANCE CRITERIA – **STORMWATER**

Contact Stormwater: (928) 854-0789 ♦ engineeringinfo@lhcaz.gov

****This checklist must be attached to Stormwater submittal (requirements listed below).****

Project Name: _____

Project Address: _____

Project Legal: Tract: _____ Block: _____ Lot: _____

Forms Required Prior to Permit Issuance:

- Completed application for Building Permit / Utility Service / Off-Site Improvement / Fire Permit for each building with property owner's name, mailing address, and phone number, as well as information for the general contractor and subcontractors, including State and City license numbers.

Note: Permits will not be issued until general contractor licensing information has been provided.

Registrant Requirements: Every sheet must be stamped by an Arizona registrant, except projects exempt by Arizona Revised Statutes § 32-144.

REQUIREMENTS New Development / Re-Development Tenant Improvement

Required Provided

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) Sets of Civil Engineered Drainage Designs & Calculations to retain 100% or 100-year 2-hour storm event onsite. (Must utilize Low Impact Development (LID) and Green Infrastructure in designs and meet all requirements of MCDDM, Lake Havasu City's Stormwater Management Program, and State and Federal regulations.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Drainage Study |
| <input type="checkbox"/> | <input type="checkbox"/> | Percolation Test |
| <input type="checkbox"/> | <input type="checkbox"/> | Notice of Intent (NOI) and Stormwater Pollution Prevention Plan (SWPPP) filed with ADEQ (if area of disturbance is one acre or greater or less than one acre if disturbance is part of a larger development). |
| <input type="checkbox"/> | <input type="checkbox"/> | Sediment Erosion Control Plan / SWPPP |
| <input type="checkbox"/> | <input type="checkbox"/> | SWPPP Book (3-Ring Binder) |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) Building Drainage Plans (AC/swamp cooler drainage, roof drains, floor drains, fire sprinkler maintenance port discharge containment) |
| <input type="checkbox"/> | <input type="checkbox"/> | Facilities Maintenance Agreement for Post Construction BMP's |
| <input type="checkbox"/> | <input type="checkbox"/> | Maintenance O&M's and SOP's for all Post Construction BMP's |
| <input type="checkbox"/> | <input type="checkbox"/> | Industrial Waste Questionnaire (completed and signed) |

REQUIREMENTS (cont.)

Required Provided

- Multi-Sector General Permit (MSGP) – EPA SIC Code designations for certain types of business require MSGP to be obtained from ADEQ
- FOG Requirements (food/oil/grease recycle plan, utility washout area, spill response and employee training plan)
- Grease Interceptor
- Oil-Water Separator
- Pool Drainage SOP's

REQUIREMENTS – TENANT IMPROVEMENTS WITH NO LAND DISTURBANCE

Required Provided

- Solid Waste Management Plan (trash, debris, construction material management/storage)
- Storm Drain Inlet Protection (streets, alleys, parking lots, drainage grates, washes)
- Spill Response Plan & Emergency Contact Information (for oils, grease, fuels, chemicals)
- Slurry Containment, Cement, Tile/Stone Cutting, Stucco, Plaster, Paint, Wash Out Containment

Pre-application Acknowledgement and/or Pre-Application Waiver Acknowledgement:

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Applicant (Print Name)

Applicant's Signature

Date

Official Use Only Below – Completeness Review

Date plans submitted: _____

Plans accepted Plans rejected

Reviewed by: _____ Date: _____