



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							
	<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.

**IRRIGATION METER
ADVISORY & ACKNOWLEDGEMENT**

1. A backflow prevention device (aka cross connection control device) must be installed on an irrigation meter by a licensed plumber.
2. The backflow prevention device must be tested by a certified tester prior to being placed into service and on a yearly basis thereafter.
3. The owner is responsible for all costs associated with the installation and testing of a backflow prevention device as well as the costs to connect the irrigation system to the City installed irrigation meter. These costs are paid directly to the contractors hired by the owner.
4. The costs associated with the installation of the irrigation meter and the monitoring of the backflow prevention device charged by the City and paid to the City by the owner are:
 - A. Irrigation Meter Installation: fees range from \$992 to \$7,023 depending on various factors determined by the Water Division (after application submission).
 - B. Backflow Prevention Permit: \$131.00
 - C. Cross Connection Control Device Monitoring: monitoring fee, per device, is \$5.40 per month included in the owner's water bill.
5. The rates for water flowing through an irrigation meter may differ from the regular domestic water rates. This is determined by the property type.
6. With the existence of an irrigation meter, all water rates are charged based on actual consumption.

I acknowledge receipt of this Advisory and Acknowledgement and agree to abide by its provisions.

PROPERTY ADDRESS: _____

OWNER NAME (Please print) _____

OWNER SIGNATURE _____ DATE _____

NOTE: This acknowledgement, signed by the owner, must be received by the City prior to issuance of the backflow prevention permit and installation of the irrigation meter.

If you have any questions, call the Water Division at (928) 855-2618.

Additional information on rates can be obtained at City Hall or on the City's website at lhcaz.gov and search "Water and Sewer Rates."