



Application # _____

Permit and Zoning Clearance

PROJECT INFORMATION					
Description Mobile or Manufactured Home				Square Footage	
Address			Tract	Block	Lot(s)
Project Name				Estimated Value	
UNIT INFORMATION					
☐ Mobile Home	☐ Manufactured Home	Year MFR	Serial #	HUD Label #	
Unit Size: Width in ft _____ Length in ft _____		Where is home coming from: ☐ MFD or Mobile Home Park ☐ Private Property			
Is property in a Flood Zone?					
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. #
UNIT MANUFACTURER				N/A	N/A
ADOH INSTALLER-DEALER					
CONTACTS - Miscellaneous Permits					
DRIVEWAY					
	☐ Water Meter	☐ Irrigation Meter	☐ Sewer Tap: ☐ Primary ☐ Secondary	☐ Backflow	
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.**

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 kqmperritstaff@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 @ \$ _____ = _____
Prior Grade	Census Class	_____	_____ sq ft @ \$ _____ = _____
Max Grade	Types of Const.	_____	_____ sq ft @ \$ _____ = _____
Min. Grade	No. of Stories	_____	_____ sq ft @ \$ _____ = _____
	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.