



**Base Information** **\$46.50** **Drop-At Exempt Future office**

1. Type of Permit:  Single Family  Mobile Home  Change of Use  Septic Only  Power Pole Only  Travel Trailer  
 Type of Improvement: **Power Pole**

2. Applicant's Name: **Victoria Bond**  
 Mailing Address: **1350 E Flum #684** **P.O. BOX 10540 Golden Valley**  
 City: **AV** State: **CU** Zip: **89119** mail to **86413**

2A. Contact Name: **Wayne** Phone # **702 521-5413**

3. Property Owner's Name: **Victoria Bond**  
 Mailing Address: **1350 E Flum #684**  
 City: **AV** State: **CU** Zip: **89119**

4. Permit Site Location Address: **6130 W. Redwall Dr/GVSR**  
 House No. Street Dir Street Name

5. Legal Description:  
 - Assessor Parcel Number: **306-24-031** Parent parcel  YES  
 - Subdivision Name: **Sun West Acres**  
 - Unit / Tract / Lot / Block: **-1027-31-**  
 - Township / Range / Section: **21-18-19**

6. Plot Plan Drawing (see instructions on plot plan form) **LOT SIZE: 21 acres**

**Public Works, Flood Control Division** **FLOOD # 0**

7. Is there an existing structure?  YES  NO

7A. Previous PFD#: **96** Previous FUP#: \_\_\_\_\_

**Environmental Health Division**

8. Is this an existing system?  YES  NO

8a. Is this a Regular Septic?  YES  NO, Alternative System?  YES  NO

9. Soil Percolation Rate: \_\_\_\_\_ Please attach Percolation Test/Soil Log Report.

10. Septic Tank Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

10a. Septic Contractor: \_\_\_\_\_ License#: \_\_\_\_\_  
 Or Owner/Builder:  YES  NO

11. Number of bedrooms or potential bedrooms: \_\_\_\_\_

11A.  BHC Municipal  LHC Municipal  Kgrmn Municipal

**Planning & Zoning Division** **Note: Additional Permits required for any other improvements prior year work beginning.**

12. Zoning: **AR10A** **ZONING \$ 0**

13. Mobile Home Information: **6 M.H.**  
 Make: \_\_\_\_\_ Size: \_\_\_\_\_ of beds: \_\_\_\_\_ **BLDG \$ 46.50**  
 State#: \_\_\_\_\_ HUD#: \_\_\_\_\_ **P/C \$**  
 Mobile Home Installer Name: \_\_\_\_\_ **OTHER \$**  
 License#: \_\_\_\_\_ Address: \_\_\_\_\_ **TOTAL \$ 46.50**  
 Phone: \_\_\_\_\_ **DEPOSIT \$**

14. Construction Drawings: (Residential-2 complete sets)

15. Architect / Engineer: \_\_\_\_\_ **BAL DUE \$ 46.50**

16. Water Source:  Well  Other

17. Sanitation:  City Sewer  Septic [Septic Permit #: \_\_\_\_\_]

18. Contractor Information (Names & License #'s)  
 -General Contractor: \_\_\_\_\_ License#: \_\_\_\_\_  
 -Electrical Contractor: \_\_\_\_\_ License#: \_\_\_\_\_  
 -Plumbing Contractor: \_\_\_\_\_ License#: \_\_\_\_\_  
 -Mechanical Contractor: \_\_\_\_\_ License#: \_\_\_\_\_

19. Bond Exemption: \_\_\_\_\_

20. GRADING PERMIT: Material amount (cubic yards)? \_\_\_\_\_

**9-15-99 CK 5131**



PERMIT NUMBER  
B99-01182K

### MOHAVE COUNTY PLANNING AND ZONING DEPARTMENT

3675 HIGHWAY 66, SUITE A  
KINGMAN, AZ 86401  
TELEPHONE (602) 757-0903

1222 E. HANCOCK RD.  
BULLHEAD CITY, AZ 86442  
TELEPHONE (602) 758-0707

### BUILDING PERMIT

OWNER/APPLICANT: BOND VICTORIA ZONING: AR/10A  
 LEGAL: SUN WEST ACRES TR 1027 LOT 31 PARCEL NO.: 306-24-031  
 SITE LOCATION: 6130 W REDWALL DR GVSR  
 MAILING-> Address: 1350 E FLAMINGO #684 City: LAS VEGAS NV Zip: 89119  
 CONTACT PERSON: BOND VICTORIA CONTACT'S PHONE NO.: 702-521-5483  
 CONTACT'S ADDRESS: 1350 E FLAMINGO #684  
 STATUS: ISSUED TYPE OF IMPROVEMENT: POWER POLE  
 FLOOD PERMIT NO.: N/A SEPTIC PERMIT NO.: N/A  
 OCCUPANCY GROUP: \_\_\_\_\_ LOAD: \_\_\_\_\_  
 PUBLIC OWNED (Y/N): N UNITS (QTY): 001  
 BLDG (QTY): 001

Expiration of this Building Permit shall comply with Section 303 (D) of the Uniform Building Code: "Construction must begin within 180 days of the date of this permit. Substantial progress must be demonstrated every 180 days or this permit will EXPIRE and become NULL and VOID".  
 ARS 32-1169 REQUIRES THAT EACH APPLICANT FOR A BUILDING PERMIT SIGN A STATEMENT THAT THEY ARE CURRENTLY LICENSED UNDER THE PROVISIONS GOVERNING CONTRACTORS WITH THE APPLICANT'S LICENSE NUMBER. IF AN APPLICANT IS EXEMPT FROM LICENSING REQUIREMENTS, THE STATEMENT SHALL CONTAIN THE BASIS OF THE EXEMPTION AND THE NAME AND LICENSE NUMBER OF ANY CONTRACTOR EMPLOYED ON THE PROJECT.

BASIS OF EXEMPTION: N/A

General Contractor: \_\_\_\_\_ Plumbing Contractor: \_\_\_\_\_  
 License #: \_\_\_\_\_ License #: \_\_\_\_\_  
 Electrical Contractor: \_\_\_\_\_ Mechanical Contractor: \_\_\_\_\_  
 License #: \_\_\_\_\_ License #: \_\_\_\_\_

I hereby state that to the best of my knowledge the affidavit information and statements are true and correct and that licenses listed are correct. That I have read and acknowledge all notes and conditions.

X mailed 9/15/99 \_\_\_\_\_  
 Signature of Applicant Date

VALUATION: \_\_\_\_\_ .0 SQUARE FOOTAGE: \_\_\_\_\_

#### BUILDING FEES

BUILDING FEES: \$46.50  
 PLAN CHECK FEES: \$ .00  
 INSPECTION FEES: \$ .00  
 FLOODPLAIN FEES: .00

#### DATES

DATE ISSUED: 09/15/1999  
 RECEIVED BY P&Z: 09/10/1999  
 DATE APPROVED: 09/15/1999

TOTAL FEE: \$46.50  
 DEPOSIT: \$ .00  
 AMOUNT DUE: \$ .00

#### NOTES & CONDITIONS:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

PLOT PLAN BLACK INK ONLY

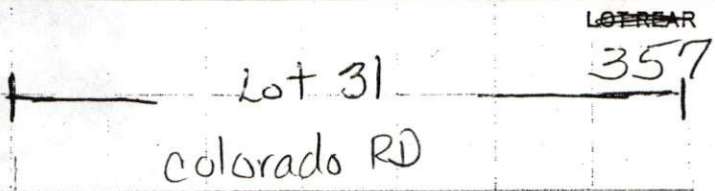
Mohave County Permits System

INDICATE NORTH - USE A STRAIGHT EDGE

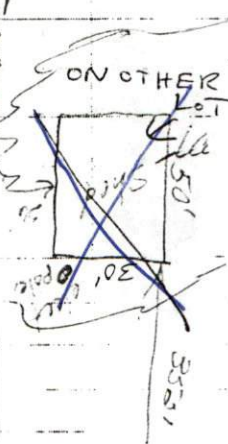
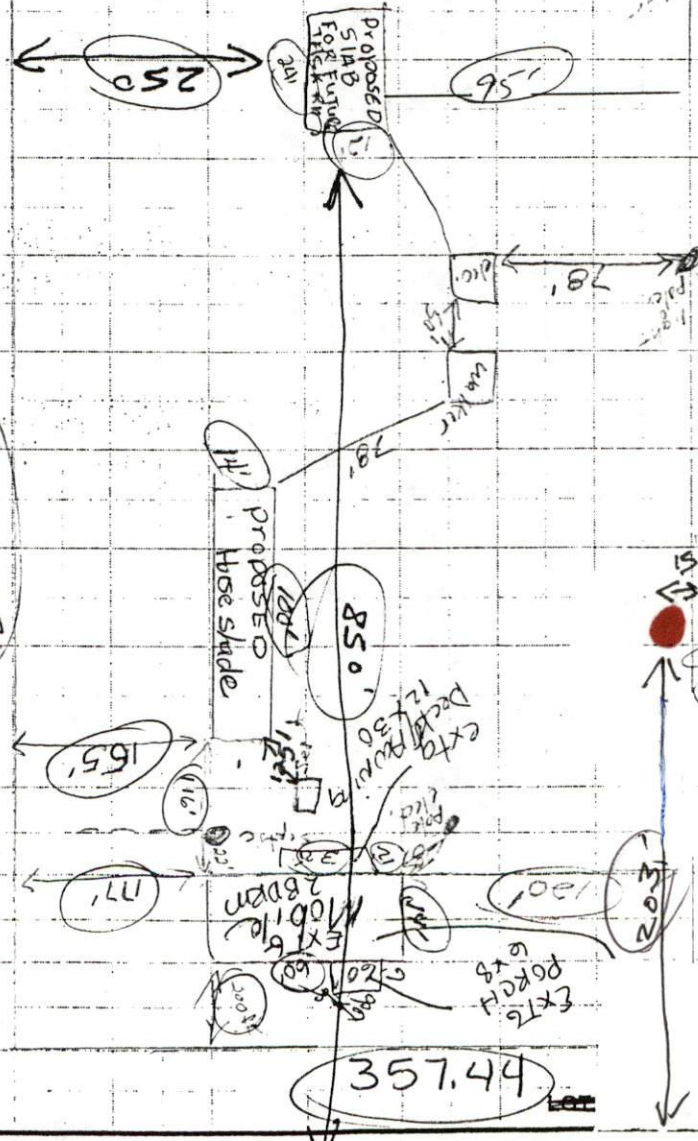
SDS Permit #: \_\_\_\_\_  
 PFD #: \_\_\_\_\_  
 FUP Permit #: \_\_\_\_\_  
 BUILD Permit #: \_\_\_\_\_  
 ZONE Permit#: \_\_\_\_\_



130W Redwood DR/GUSR  
 2566.87



**NOTE: ADDITIONAL PERMITS  
 REQUIRED PRIOR TO  
 BEGINNING ANY WORK**



NORTH  
 (Signature of Property Owner or Installer)

Liguria RD

APPROVED BY ZONING  
 DATE \_\_\_\_\_ BY \_\_\_\_\_