

Monave County
Permit Application Worksheet
Residential

BLACK INK ONLY

SUN WEST ACRES TR 1027
 LOT 31



Project # 099-01879K
 Route: KRES

DATE: 7-28-99
 DEPOSIT:

Base Information

1. Type of Permit: Single Family Mobile Home Change of Use Septic Only Power Pole Only Travel Trailer
 Type of Improvement: 014' X 100' HORSE COVER metal 2 12 X 24 Slab with Footers for Future Bldg underground Elect
2. Applicant's Name: Victoria Board
 Mailing Address: 1350 E Flamingo #687 Flamingo
 City: L.V. State: NV Zip: 89119
3 ~~6~~ Extension of Elect 30' RUN 200 AMP
- 2A. Contact Name: Self Wayne Phone # 702-521 5483
3. Property Owner's Name: Victoria Board
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
4. Permit Site Location Address: 6130 W Redwall Dr/GUSR
 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: NA 1027 - 31 - N/A
 - Township / Range / Section: 21 - 18 - 31
 6. Plot Plan Drawing (see instructions on plot plan form) **LOT SIZE: 20 ACRES**

Public Works, Flood Control Division

7. Is there an existing structure? YES NO **FLOOD # 025.00**
- 7A. Previous PFD#: 96-3820 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

12. Zoning: AR 10A **ZONING \$ 0**
13. Mobile Home Information:
 Make: _____ Size: _____ of beds: _____ Year: _____ **BLDG \$ 103.50**
 State#: _____ HUD#: _____ **P/C \$ 25.88**
 Mobile Home Installer Name: _____ **OTHER \$ 46.50**
 License#: _____ Address: _____ **TOTAL \$ 175.88**
 Phone: _____ **DEPOSIT \$ _____**
14. Construction Drawings: (Residential-2 complete sets)
15. Architect / Engineer: _____
16. Water Source: Well Other
17. Sanitation: City Sewer Septic [Septic Permit #: _____] **BAL DUE = \$ 175.88**

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)? _____
- * Extension of Elect. feed 200 AMP S/C mapped ck 5065 8/6/99*



PERMIT NUMBER
B99-00995K

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: 21N 18W PARCEL NO: 306-24-032
 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: 14X100 HORSE COVER/SLAB/ELECT
 FLOOD PERMIT NO.: PF096-3820 SEPTIC PERMIT NO.: _____
 OCCUPANCY GROUP: 0034 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: OWNER/BUILDER Plumbing Contractor: _____
 License #: 000 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 Wayne _____
 Signature of Applicant Date

VALUATION: 5,064.0 SQUARE FOOTAGE: 1,688

BUILDING FEES
 BUILDING FEES: \$103.50
 PLAN CHECK FEES: \$25.88
 INSPECTION FEES: \$.00
 FLOODPLAIN FEES: .00

DATES
 DATE ISSUED: 08/06/1999
 RECEIVED BY P&Z: 08/03/1999
 DATE APPROVED: 08/06/1999

TOTAL FEE: \$129.38
 DEPOSIT: \$.00
 AMOUNT DUE: \$.00

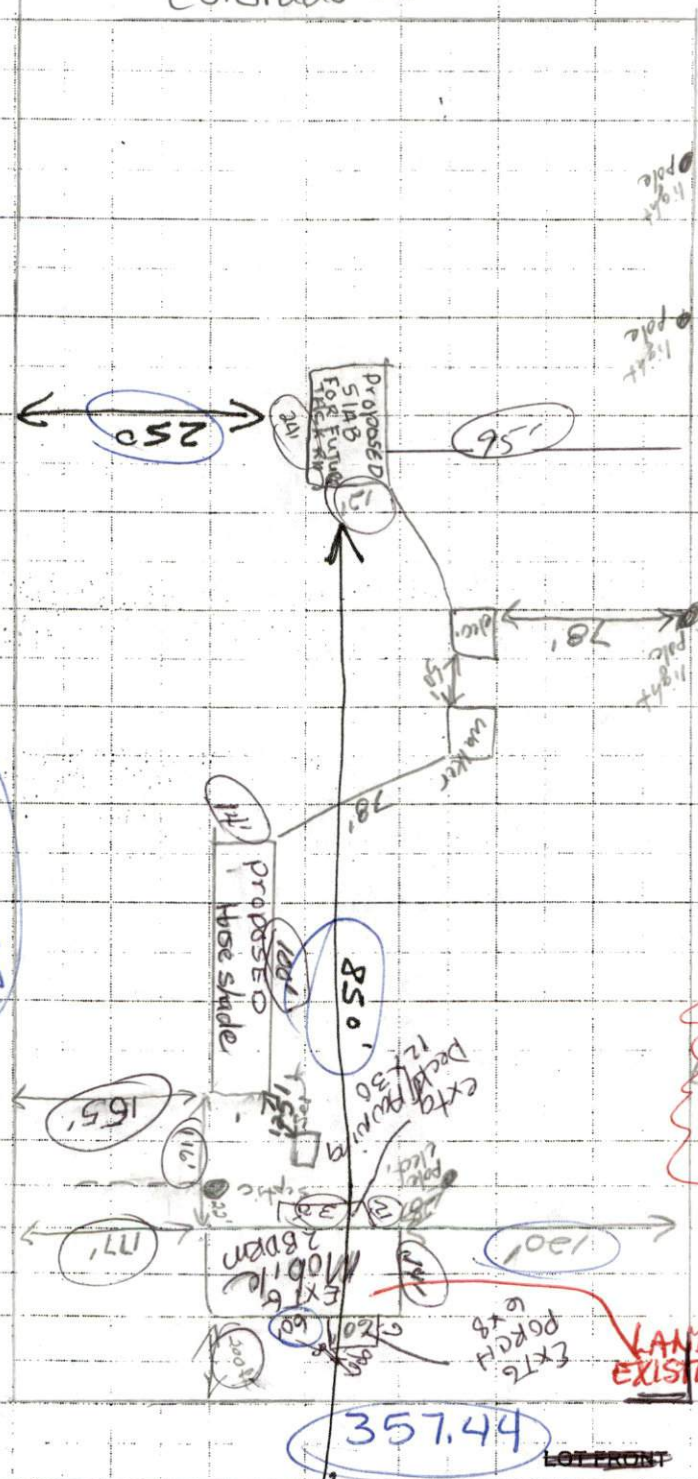
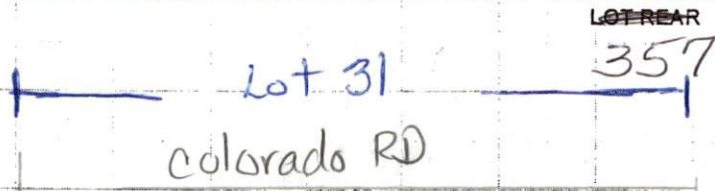
- NOTES & CONDITIONS:
- 1 _____
 - 2 _____
 - 3 _____
 - 4 _____
 - 5 _____
 - 6 _____
 - 7 _____
 - 8 _____
 - 9 _____
 - 10 _____
 - 11 _____
 - 12 _____

PLOT PLAN
Mohave County Permits System

*** BLACK INK ONLY ***

INDICATE NORTH - USE A STRAIGHT EDGE

SDS Permit #: _____
 PFD #: _____
 FUP Permit #: _____
 BUILD Permit #: _____
 ZONE Permit#: _____

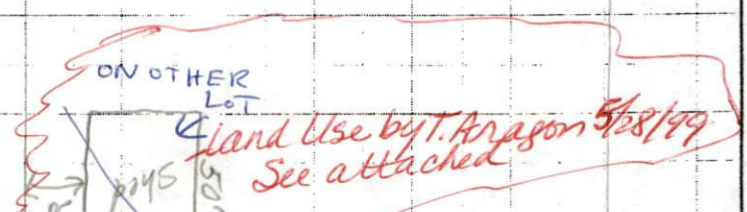


No Septic Permit
 Proposed plan approved for 14'x100'
 Horse cover 12x24" slab only
 7/28/99

Mohave County Health Department
 * Location of septic system drawn by property owner
 X Wayne Turner 7/28/99

No recorded septic system on this property.

MINIMUM 10FT SEPARATION BETWEEN ALL STRUCTURES AND SEWAGE DISPOSAL SYSTEM REQUIRED.



LAND USE EXISTING MOBILE HOME W/PATIO'S

Lot 30 W. Redwood DR/GUSZ
 2566.87

Liguria RD

North

(Signature of Property Owner or Installer)

APPROVED BY ZONING
 DATE _____ BY _____