

Mohave County

Building Permit Application

Development Services
PO Box 7000, Kingman AZ 86402-7000
928-757-0903 mohave.gov

FOR INTERNAL USE ONLY

Date received: _____

Permit Number: _____

Parcel Number: _____

A.R.S. §11-1606 Application Process Notice

Building Permits

Under A.R.S. §11-1606, Mohave County is required to give you the following information when you apply for a building permit.

The following steps are required to obtain a building permit:

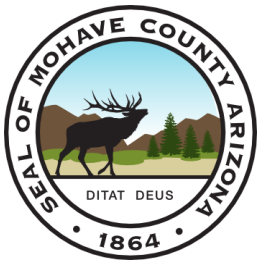
- Prepare a complete submittal package conforming to the appropriate submittal checklist. Checklists can be obtained for the Development Services office listed above or from <https://resources.mohave.gov/file/DevelopmentServices/Building%20Documents/Residential%20Submittal%20Requirements.pdf>

Be sure to obtain the checklist that pertains to your development of project, and that all pre- requisites have been accomplished.

- Complete the application, including plot plan, fixture count calculation chart, and submit the application with all items listed in the checklist to one of the Development Services offices. Department staff is available in the Beaver Dam office periodically. Please call Development Services for an appointment or confirm staff availability.

Under A.R.S. §11-1606, you may request that the County clarify its interpretations or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement that affects the issuance of your building permit by providing the County with a written request that states: 1) Your name and address; 2) The statute, ordinance, regulation, delegation agreement or authorized substantive policy statement or part of the statute, ordinance, regulation delegation agreement, or authorized substantive policy statement that requires clarification; 3) Any facts relevant to the requested ruling; 4) Your proposed interpretations of the applicable statute, ordinance, regulation, delegation agreement or authorized substantive policy statement that requires clarification; 5) whether, to the best of your knowledge, the issues, or related issues are being considered by the County in connection with an existing license or license application.

You may request clarification or interpretations of the plans examining staff member reviewing your project. If you disagree with the staff's interpretation, you may appeal to the Chief Building Official (CBO). CBO's decisions may be appealed to the Building Code Advisory Board, and the Decision of the Building Code Advisory Board may be appealed to Superior Court.



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Flood Plain: Yes No

Residential

Commercial

Standardized

Assessor's Parcel Number: _____ - _____ - _____ Parcel Size: _____ Zoning: _____

Jobsite Address: _____

Legal Description: _____

Water Source: Public Well #: _____ Water Haul Sanitation: Sewer Septic Permit #: _____

Property Owners Name: _____

Email: _____ Phone #: _____

Mailing Address (number, street, city, state, zip): _____

Type of Work (Check **ALL** that apply):

New Single-Family Residence

SQFT: _____

New Commercial

Manufactured Home

Must Include State Permit Application

Hud #: _____

Vin: _____

Change of Use/ Occupancy

Residential Alteration

Factory Built Building

Cell Tower

Grading (Cubic Yards)

Cut _____ Fill _____

Attached or Detached Acc.

Structure SQFT: _____

Pool/Spa

Surface Area: _____

Other: _____

Recreational Vehicle Make: _____

Year: _____ VIN #: _____

Solar Roof Ground Mount

Electrical Service (Amps) _____

Gas Line

HVAC

Plumbing

Re-Roof

Block Wall (Linear Feet) _____

Demolition

Project Description:

FOR INTERNAL USE ONLY

Plans Location: BHC KGM Strip w/Card Standardized

Plans Examiner's Notes:

Special Inspections Required

Revision Submitted

3rd Party Review

Deposit Amount:

\$ _____

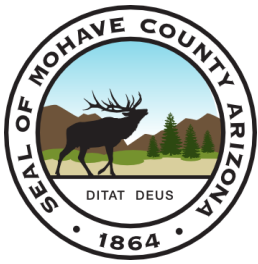
Building:

\$ _____

Balance Due:

\$ _____

Trust Account:



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General Contractor (If Owner-Builder check here and leave this section blank): _____

Contact Name: _____ Email Address: _____

Address (number, street, city, state, zip): _____

Phone #: _____ ROC License #: _____ Classification: _____

Plumbing Sub: _____ ROC License #: _____ Phone: _____

Electrical Sub: _____ ROC License #: _____ Phone: _____

Mechanical Sub: _____ ROC License #: _____ Phone: _____

Contractor Signature: _____ **Date:** _____

Applicant: Owner Other- **Must Provide Mohave County Owner Authorization Form**

Applicant Name: _____ Email: _____

Phone #: _____

Mailing Address (number, street, city, state, zip): _____

Applicant Signature: _____ **Date:** _____

I am exempt from Arizona contractor's license laws based on the license exemptions contained in A.R.S §32-1121.A, namely:

* A.R.S §32-1121.A.5 - I am the owner/builder of the property and the property will not be sold or rented for at least 1 year after completion of this project.

* A.R.S §32-1121.A.6 - I am the owner/developer of this property and I will contract with a licensed general contractor to provide all construction services. All contractors' names and license numbers will be included in all sales documents. (Please fill out the above General Contractor information portion of this application.)

* Other (please specify): _____

{OWNER SIGNATURE}

{DATE}

By signing the above application (contractor, applicant, or owner), you are hereby giving Mohave County Building Division permission to enter the above referenced property.



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Indicate North- Use Straight Edge

Indicate all lot dimensions & setbacks

Indicate all easements

Indicate location of septic & distance from structures

Legal Description

Address: _____

Subdivision: _____

Unit: _____ Tract: _____ Block: _____ Lot: _____

Lot Rear

Lot Front

Signature of Property Owner or Contractor

Date

FIXTURE COUNT CALCULATION CHART

Use the fixture count chart below to determine the total number of fixture units in the home. **Check the corresponding box on the system design flow chart based on your fixture count or number of bedrooms whichever is greater.** The box that is checked is the row where you'll find your minimum tank size and system design flow. Enter the information at the bottom of the page, and submit this form with your application.

Residential Fixture Type	Existing # Fixtures	Proposed # Fixtures	Multiply by	Fixture Units	Equals	Total # PROPOSED Fixtures
Bathtub			X	2	=	
Bidet			X	2	=	
Dishwasher, service			X	2	=	
Clothes washer			X	2	=	
Utility tub or sink separate from clothes washer			X	2	=	
Sink, kitchen (with or without dishwasher)			X	2	=	
Shower, single staff			X	2	=	
Sink, bar			X	1	=	
Sink, service			X	3	=	
Lavatory, single or double			X	1	=	
*Toilet, 1.6 gallons per flush (gpf)			X	3	=	
*Toilet, 1.6 - 3.2 gpf			X	4	=	
*Toilet >3.2 gpf			X	6	=	
FIXTURE COUNT TOTAL					=	
Physical # Bedrooms					=	

*Toilets currently available in Arizona are 1.6 gallons per flush. Older fixtures may not use the same amount of gallons per flush.

SYSTEM DESIGN FLOW CHART

✓	No. of Bedrooms	Fixture Count	Minimum Tank Size (gallons)	System Design Flow (gpd)
<input type="checkbox"/>	1	7 or less	1000	150
<input type="checkbox"/>		More than 7 less than 14	1000	300
<input type="checkbox"/>	2	14 or less	1000	300
<input type="checkbox"/>		More than 14 less than 21	1000	450
<input type="checkbox"/>	3	21 or less	1000	450
<input type="checkbox"/>		More than 21 less than 28	1250	600
<input type="checkbox"/>	4	28 or less	1250	600
<input type="checkbox"/>		More than 28 less than 35	1500	750
<input type="checkbox"/>	5	35 or less	1500	750
<input type="checkbox"/>		More than 35 less than 42	2000	900
<input type="checkbox"/>	6	42 or less	2000	900
<input type="checkbox"/>		More than 42 less than 49	2500	1050
<input type="checkbox"/>	7	49 or less	2500	1050
<input type="checkbox"/>		More than 49 less than 56	3000	1200
<input type="checkbox"/>	8	56 or less	3000	1200
<input type="checkbox"/>		More than 56	3000	1350

NOTE: For a single residence with more than 8 bedrooms, use R18-9-A314 (D) (2) as the basis for determining minimum septic tank size and system design flow.



MOHAVE COUNTY DEVELOPMENT SERVICES

BUILDING DIVISION

Mailing Address: P. O. Box 7000, Kingman, Arizona 86402-7000

3250 E. Kino Avenue, Kingman, AZ 86409
Phone: (928) 757-0903 Fax: (928) 757-3577

1130 E. Hancock Rd., Bullhead City, AZ 86442
Phone: (928) 758-0707 Fax: (928) 763-0870

700 N. Hwy. 91, Bldg. B, Beaver Dam, AZ. 86432
Phone: (928) 347-4904 Fax: (928) 347-4905

www.mohave.gov

INFORMATION NEEDED ON A PLOT PLAN

In order to help your permit process to go as quickly as possible, the following information **must be clearly shown** on your Plot Plan, even if it is not to scale:

1. Property lines with angles and exact distances.
2. True "north" with an arrow showing the direction
3. All streets next to your property with the complete address of your property and where it is in relation to your structures, such as on the north, south, east or west side of your property line.

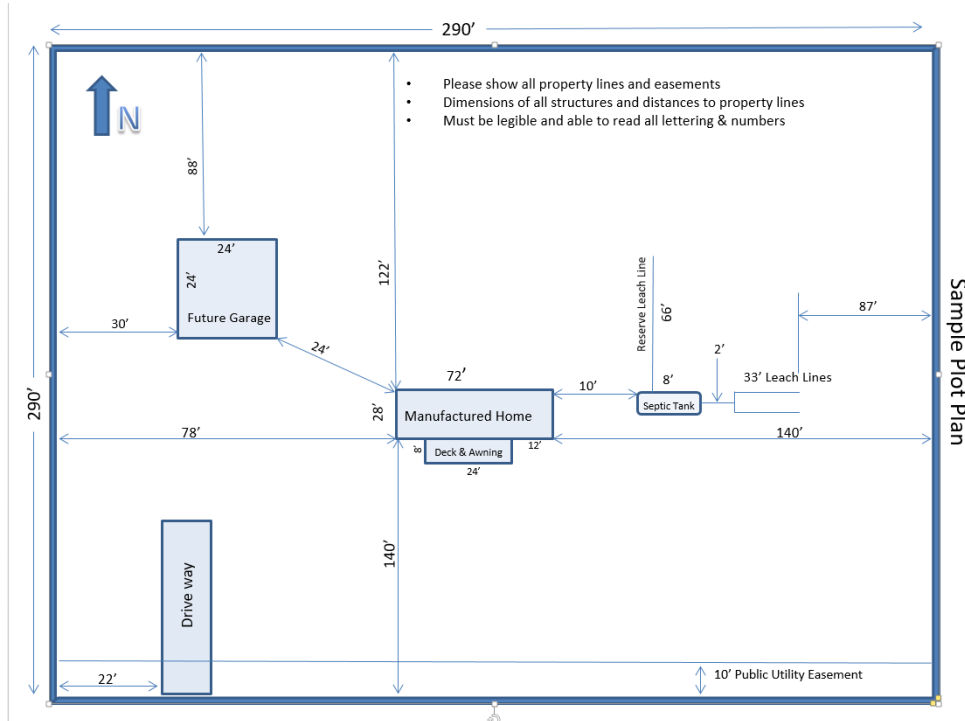
Example of a complete address: 4032 N. Bank Street (Avenue, Circle, Place etc.)

4. All structures existing and proposed.

Give exact sizes and types of all structures, existing or proposed, whether attached or detached from one another.

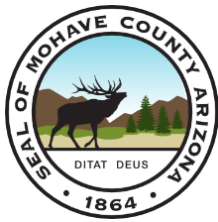
Example:

- a. 24' X 36' Garage
 - b. 28' x 60' 3 Bedroom Mobile Home
 - c. 10' x 40' Covered Patio/Porch
 - d. 20' x 40' Barn
 - e. 4' x 8' Entry
5. Show the location of the septic with the leach line giving the distance to the structures.
 6. Show the distance from each structure to your property line in all four directions and between each structure.
 7. Show all easements, if known, on your property with size and type of easement. If you do not know the easements, the Zoning Department will help you with it.
 8. Driveway



4032 N. Bank Street (Avenue, Circle, Place etc.)

• Building • Environmental Quality/Waste Disposal • Flood Control • Planning • Zoning



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Owners Authorization to Apply for Permits

Property Information

Date Received _____

Assessor Parcel Number _____

Parcel Size _____

Site Address _____

Legal Description _____

Property Owner

Name _____ Email _____

Phone _____ Mailing Address _____

Authorized Applicant

Name _____ Email _____

Phone _____ Mailing Address _____

Effective Period

This authorization is: (select one)

☐ for a single permit to _____

☐ in effect until removed in writing

Signature(s)

Notary (REQUIRED)

State of _____

County of _____

This document was signed before me this _____ (date) by

(name(s) of person(s) signing).

The person(s) personally appeared before me and presented identification to establish his or identity as required by law.

(Seal)

Signature of Notary Public

My Commission expires _____