

SunWest Acres
1027 Lot-31

BLACK INK ONLY

Mohave County
Permit Application Worksheet
Residential

Project # _____
Route: _____



Base Information

1. Type of Permit: ☐ Single Family ☐ Mobile Home ☐ Change of Use ☐ Septic Only ☐ Power Pole Only ☐ Travel Trailer
Type of Improvement: New Elect Box @ well 200 Amp SVC upgrade
2. Applicant's Name: Victoria Bond
Mailing Address: 1350 S. Plumings #684
City: L.V. State: NJ Zip: 89119 696-0333 702 868-9161
- 2A. Contact Name: Victoria or Wayne Phone # 702 547-9168
3. Property Owner's Name: Victoria Bond
Mailing Address: 1350 S. Plumings #684
City: L.V. State: NJ Zip: 89119
4. Permit Site Location Address: 6130 W Bedwall DR/GUSR
House No. Street Dir Street Name
5. Legal Description:
- Assessor Parcel Number: 306-24-031 Parent parcel ☐ YES
- Subdivision Name: SunWest Acres
- Unit / Tract / Lot / Block: 1027 - 3 -
- Township / Range / Section: _____
6. Plot Plan Drawing (see instructions on plot plan form) LOT SIZE: _____

Public Works, Flood Control Division

7. Is there an existing structure? ☐ YES ☐ NO
7A. Previous PFD#: _____ Previous FUP#: _____

FLOOD \$ _____

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 ☐ Kgm Municipal

Planning & Zoning Division

12. Zoning: HR10A
13. Mobile Home Information:
Make: _____ Size: _____ of beds: _____ Year: _____
State#: _____ HUD#: _____
Mobile Home Installer Name: _____
License#: _____ Address: _____
Phone: _____
14. Construction Drawings: (Residential-2 complete sets)
15. Architect / Engineer: _____
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)? _____

ZONING \$ _____
BLDG \$ 46.50
P/C \$ _____
OTHER \$ _____
TOTAL \$ 46.50
DEPOSIT \$ _____
BAL DUE \$ 46.50



PERMIT NUMBER
B99-00912K

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:
MAILING-> Address: 1350 E FLAMINGO RD #684 City: LAS VEGAS NV Zip: 89119-0000
CONTACT PERSON: BOND VICTORIA CONTACT'S PHONE NO.: 696-0333
CONTACT'S ADDRESS: 1350 E FLAMINGO RD #684
STATUS: ISSUED TYPE OF IMPROVEMENT: ELEC UPGRADE
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: 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 [Signature] 7-14-99
Signature of Applicant Date

VALUATION: .0 SQUARE FOOTAGE:

BUILDING FEES

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

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

DATES

DATE ISSUED: 07/14/1999
RECEIVED BY P&Z: 07/14/1999
DATE APPROVED: 07/14/1999

NOTES & CONDITIONS:

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

PLOT PLAN

Mohave County Permits System

INDICATE NORTH - USE A STRAIGHT EDGE

BLACK INK ONLY

SDS Permit #: _____

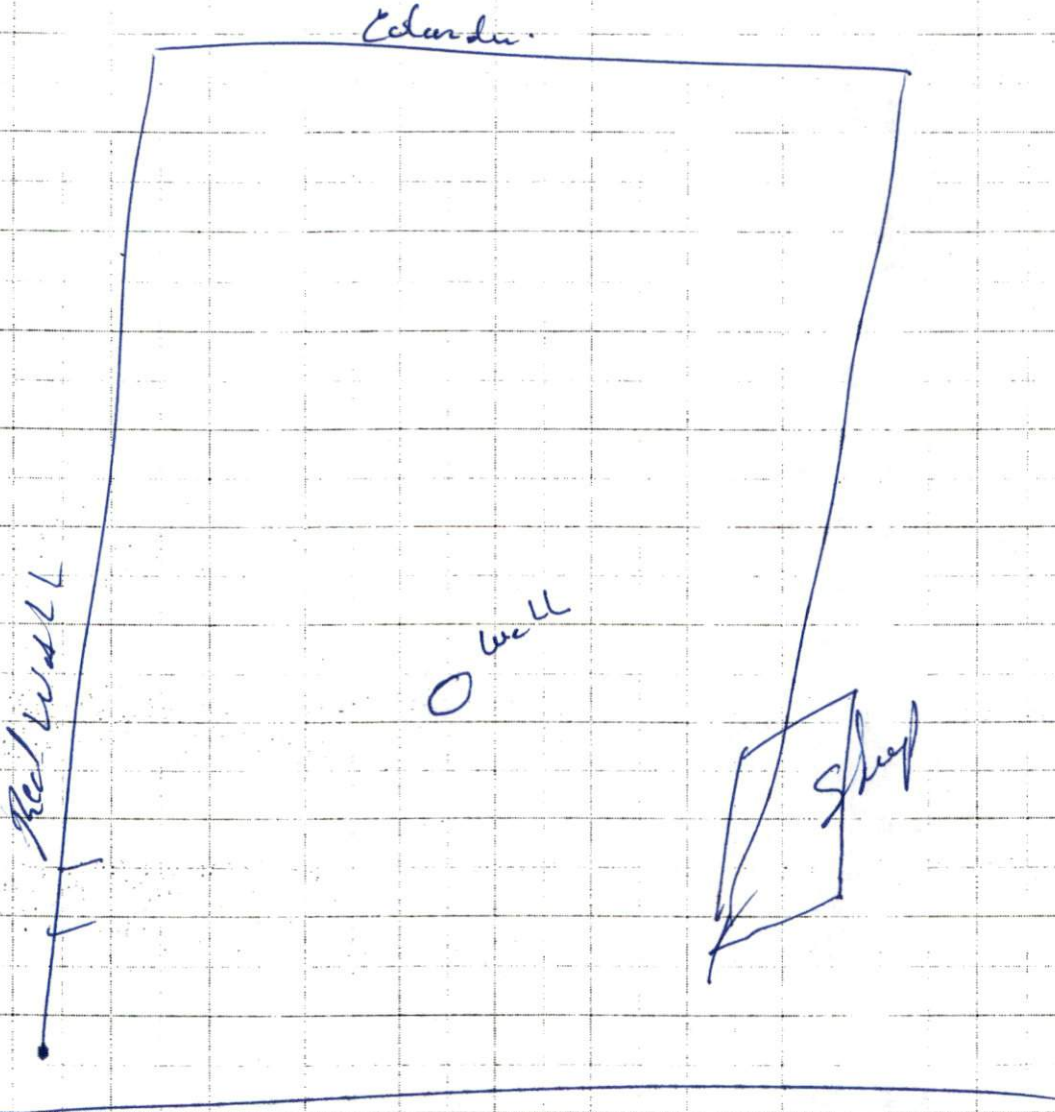
PFD #: _____

FUP Permit #: _____

BUILD Permit #: _____

ZONE Permit#: _____

LOT REAR



LOT FRONT

APPROVED BY ZONING

DATE _____ BY _____

(Signature of Property Owner or Installer)