



COCHISE COUNTY JOINT PERMIT APPLICATION

Cochise County Community Development, 1415 Melody Ln., Bldg. E, Bisbee, AZ 85603 (520) 432-9240. Fax (520) 432-9278, www.cochise.az.gov

PLEASE PRINT OR TYPE PARTS A-F BELOW

PART A: DESCRIPTION OF PROPERTY

Tax Parcel Identification # _____
 Subdivision _____
 Site Location/Address/City _____
 Property Owner Name _____
 Mailing Address/City/Zip Code _____
 Name of Applicant (if not property owner) _____
 Mailing Address/City/Zip Code _____
 Contact Person _____ Phone Number _____
 Email _____ Fax Number _____

PART B: PROPOSED PROJECT

Replacement Manufactured Home Yes No Year of Manufactured Home _____
 Gross Floor Area of Proposed Project _____ Structure Height _____
 Estimated Value of Proposed Project _____ If constructing an addition/improvement to existing structure, what is the assessed value of existing structure? _____

PART C: HEALTH SERVICES SECTION

1. Sewer or Septic System
 TO BE COMPLETED IF ON SEPTIC SYSTEM ONLY:
 Septic System: New Existing No. of Bedroom(s)/Den(s) _____
 Indicate who will perform work: Owner Contractor
 If contractor, list name and license # _____

2. Water Supply: Public Community Well Private Well

PART D: FLOODPLAIN SECTION

1. Will watercourse be altered/relocated as a result of proposed use? Yes No
 2. Proposed wash crossing: Bridge Culvert Dip Fill None
 3. If alteration or wash crossing, explain on site plan and note if Temporary or Permanent
 4. Any washes within 300' of the project? Yes No

PART E: HIGHWAY RIGHT-OF-WAY SECTION

1. Are any of the following existing on your property?
 Electricity TV Cable Telephone Sewer Gas Culvert Driveway

2. Installation to property required:
 Electricity Underground Overhead TV Cable Underground Overhead
 Telephone Sewer Gas Culvert Driveway Water Line
 Other _____

PART F: CERTIFICATION SIGNATURE

I hereby certify that I am the owner or duly authorized owner's agent and that all information on this application and the attached site plan is accurate. I understand that if any of this information is false, it may be grounds for revocation of this permit. I further certify that I will comply with all County, State and Federal regulations applicable to said property, and **acknowledge that I am not authorized to begin work until I have received a numbered permit.** I FURTHER AUTHORIZE COUNTY EMPLOYEES AND APPROPRIATE REGULATORY AGENCIES TO ENTER ONTO SAID PROPERTY TO MAKE REASONABLE INSPECTIONS FOR COMPLIANCE.

Signature: _____ Date: _____

FOR DEPARTMENTAL USE ONLY

Assigned County Address _____
 Building Code Construction Plans submitted: Yes No SV Sub-Watershed
 Owner Built: Limited Non Code Hubbard Zone Tombstone Aqueduct BST
 Growth Area _____ Plan Designation _____ Tn. _____ Rg. _____ Sec. _____
 Zoning District _____ Map Ref. _____ Supervisor District _____
 Flood Zone _____ Panel # _____ Panel Date _____
 Lot Area _____ Setbacks: N _____ S _____ E _____ W _____

PERMIT PROCESSING INFORMATION

Right-of-Way Rev. By: _____ Date _____ Permit Required Y N
 Flood Control Rev. By: _____ Date _____ Permit Required Y N
 Health Services Rev. By: _____ Date _____ Permit Required Y N
 RAD Rev. By: _____ Date _____ Review Required Y N

Permit Type	Permit No.	Date Received	Fee	Receipt No.	Description
Bldg Code					
Bldg Code					
Bldg Code					
Non-Bldg Code					
Non-Bldg Code					
Manufactured Home/FBB					
Health					
Right-of-Way					
Flood Control					
RAD					
Review (Res/Comm)					
Surcharge/Other (specify)					
Other (specify)					
Total					

Permit approved for issuance by Permit Coordinator

Signature: _____ Date: _____

CITY OF TOMBSTONE

Residential Permit Application Instructions And Intake Checklist

Complete the following information, include complete site plan (to be completed by septic designer/soil evaluator if a septic system is required) and required fees (must be for the total required amount, with checks payable to "Cochise County Treasurer"). Include Tax Parcel ID Number on all application pages and on any correspondence regarding your permit application. PLEASE NOTE: Incomplete applications will not be accepted.

- Joint Permit Application:** complete **left side of application and sign**
- Complete site plan** on 8 ½ " x 11" paper **APPROVED BY THE CITY OF TOMBSTONE FOR ZONING AND ROW.**NOTE: Site plan must be complete and clearly legible and include information on Site Plan Instructions below.
- Proof of Valid Contractor's Form: completed and signed**
- Supplemental application form for manufactured home with all installers license numbers (mobile homes not allowed)**
- Sewage System Design Checklist**
- Written assurance from provider of sewer & water utilities on community water & sewer systems submitted**
- Tombstone Aqueduct located on parcel? Y or N. If yes, emailed to Tombstone on _____**
- If subject parcel in flood zone applicable OMH approvals submitted**
- Show location and type of all accessories such as decks, awnings, skirting, etc. Construction plans and State approval are required.
- Fees:**_____
- Current Assessors' Parcel Map**
- Additional submittal requirements:**_____

<input type="checkbox"/> Accepted by	Date
Applications can be submitted to the following Cochise County Community Development Offices:	
Bisbee – Main Office	Sierra Vista – Satellite Office
1415 Melody Lane, Building E	4001 E Foothills Drive
Bisbee, Arizona 85603	Sierra Vista, Arizona 85635
(520) 432-9300	(520) 803-3960
Benson Service Center - Satellite Office	Willcox Service Center - Satellite Office
126 W 5th Street	450 S Haskell Avenue
Benson, Arizona 85602	Willcox, Arizona 85643
(520) 586-8180(Tuesday by appointment only)	(520) 384-7140 (Thursday by appointment only)

Residential Site Plan Instructions

Draw site plan on 8½" x 11" paper. For all items, note whether existing (e) or proposed (p). If a new septic system is proposed, the site plan must be prepared by a Certified Septic System Site Evaluator. Contact the Community Development Department at (520) 432-9300 if you have questions or need assistance with your application.

- ____ 1. Tax parcel ID number, north arrow and scale (if a scale is used)
- ____ 2. Property lines and all dimensions (from Assessors' Parcel map) – include entire parcel
- ____ 3. If parcel is a new split, show parent parcel and your parcel's location – with dimensions
- ____ 4. All easements – label type (road right of way, utility, drainage, etc.) and width
- ____ 5. Location of utility lines (electric, gas, water, etc.)
- ____ 6. Driveway location AND roads adjoining the property with name of road
- ____ 7. Show direction of drainage on the property
- ____ 8. Any construction related to a wash, such as a bridge, culvert, dip crossing, or fill, either on the parcel or off-site. Note whether temporary or permanent.
- ____ 9. Location, depth, and width of all drainageways or washes
- ____ 10. Distance from proposed structures to any drainageway or wash
- ____ 11. Distance from structures to all property lines and roads, and distance between residences on the subject parcel
- ____ 12. Location of wells, septic tanks, leach fields and 100% expansion areas, and distance from septic system to buildings, property lines, any drainageway or wash, & locations of test pits
- ____ 13. Direction of slope of land in area of proposed leach fields and expansion areas, indicate % slope
- ____ 14. Location and dimensions of all buildings, and their uses
- ____ 15. Location, height, length and material of walls and fences – for chainlink fences, note if slatted

To be submitted with the installation permit submission

Supplemental Application – Manufactured Homes, Mobile Homes & Factory-Built Buildings

NOTE: The term *Mobile Home* refers to units built prior to June 15, 1976.

Applicant Information:

Applicant Name: _____
Mailing address _____
City/State/Zip _____
Phone Number _____

Proposed Installation Location:

Tax Parcel Number: _____
Property Address: _____
City/State/Zip: _____

Structure Information:

Unit Manufacturer: _____
Date Manufactured*: _____
Unit Size: _____
VIN/Serial Number: _____
HUD Number: _____

Dealer Information:

Dealer Name: _____
Mailing Address _____
City/State/Zip: _____
Phone Number: _____

Licensed Installer Information:

Unit Installer Name: _____
Mailing Address: _____
City/State/Zip: _____
License Number: _____ Class: _____
Business Phone Number: _____

Note any Accessory Structures associated with this permit request:

Awnings: _____
Skirting: _____
Porch or Deck _____
Garage: _____
Other: _____

Please list all subcontractors associated with the installation of this Manufactured Home, Mobile Home or Factory-Built Building (Electrical, plumbing, mechanical, accessory structures, ect.):

Contractor Name: _____
License Number: _____ Class: _____
Type of Work: _____
Business Phone Number: _____

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License Number: _____ Class: _____
Type of Work: _____
Business Phone Number: _____

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License Number: _____ Class: _____
Type of Work: _____
Business Phone Number: _____

***Complete only if Structure is constructed prior to June 15, 1976:**

Date Mobile Home

Manufactured: _____

**Does the unit have a previously approved Rehabilitation Insignia before 2013 or Rehabilitation Certificate as of January 1, 2013 from the Department of Fire Building and Life Safety? Y or N*

If "No" the unit must be rehabbed under the guidelines of the *Department of Fire Building and Life Safety prior to applying for an installation permit from Cochise County*. An installation permit must be applied for with Cochise County after the State has issued a certificate of compliance and affixes a Rehabilitation Certificate of approval on the Mobile Home.

Note: The rehabilitation process is not an installation process as defined by State law. Final occupancy approval of the *Mobile Home* will not be given until full compliance with all Zoning and Installation Requirements have been completed by the County.

I certify this information is correct, and that any changes will require additional permit approval:

Applicant Signature: _____

Date: _____

In Accordance with A.R.S. Title 32

I am currently a licensed contractor:

Contractor Name: _____

Doing Business As: _____

ROC License #: _____ / Classification of ROC License: _____

Contractor's Signature: _____ Date: _____

Title: _____

I am an Owner/Builder:

Owner/Builder Name: _____

Owner/Builder Address: _____

Owner/Builder Signature: _____ Date: _____

EXEMPTION FROM LICENSING

I am exempt from Arizona Contractors' license laws on the basis of the licensing exemptions contained in A.R.S. 32-1121A.

- I am the Owner/Builder of the property. I will follow in strict compliance with 32-1121A.5. The property is intended for sole occupancy by the owner, not intended for occupancy by members of the public, owner's employees or business visitors. The structures are **NOT INTENDED FOR SALE OR RENT WITHIN 1 YEAR AFTER COMPLETION.**
- I am the Owner/Developer of the property. I will follow in strict compliance with 32-1121A.6. I will contract with a General Contractor licensed pursuant to this chapter. To qualify for this exemption, all licensed contractors' names and license numbers working on this project shall be included on this application and contained within all sales documents.
- Other Exemption: _____

I fully understand that the exemption provided by A.R.S. 32-1121A.14 (the Handyman Exemption) does not apply to ANY construction project which requires a building permit, is the smaller part of a larger project and/or the total aggregate contract price including labor, materials and all other items is \$1,000 or more.

I will be using the following licensed contractors or sub-contractors on this project:

_____ ROC License #: _____ Class: _____
(General Contractor)

_____ ROC License #: _____ Class: _____
(Mechanical Contractor)

_____ ROC License #: _____ Class: _____
(Electrical Contractor)

_____ ROC License #: _____ Class: _____
(Plumbing Contractor)

FALSIFICATION OF INFORMATION ON THIS DOCUMENT FOR THE PURPOSE OF EVADING OR ATTEMPTING TO EVADE STATE LICENSING LAWS IS A CLASS 2 MISDEMEANOR PURSUANT TO ARIZONA REVISED STATUTES 13-2704.

I have read and fully understand all of the information contained within this document. The above information provided by me on this document is true and accurate to the best of my knowledge.

PRINT FULL NAME AND ADDRESS:

Signature: _____ Date: _____