



TOWN OF DEWEY-HUMBOLDT

"Arizona's Country Town"

MANUFACTURED HOME
Application
 Community Development
 PO Box 69 - Humboldt, AZ 86329

www.dhaz.gov

Phone: 928-632-7362, Fax: 928-632-7365

DATE Submitted: _____ PERMIT # (office): _____ PARCEL # _____

Site Address: _____

Property Owner: _____ Applicant: _____

Owner Mailing Address: _____ City/State/Zip: _____

Applicant Email: _____ Applicant Phone: (____) _____

HUD Label: _____ Manuf: _____ Date of Mfg: _____

Serial #(s): _____ Size: _____ Cty Septic Permit # _____

Note: Landing/Steps per 2018 IRC Location/dimension on site plan Project Valuation (exclude land): \$ _____

<p><u>Check Utilities Provided:</u></p> <p><input type="checkbox"/> Water <input type="checkbox"/> Cooler</p> <p><input type="checkbox"/> Sewer/Septic <input type="checkbox"/> Air Conditioning</p> <p><input type="checkbox"/> Gas-Nat/LP <input type="checkbox"/> Other</p>	<p><u>Check Attached Accessories:</u></p> <p><input type="checkbox"/> Awning <input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Porch <input type="checkbox"/> Deck</p> <p><input type="checkbox"/> Other _____</p>	<p><u>Skirting Required, Check Type:</u></p> <p><input type="checkbox"/> Vinyl <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Block non-bearing (Detailed required)</p> <p><input type="checkbox"/> Retaining and/or Load bearing. (State approved Plans required)</p>
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Dealer: _____
 Phone: (____) _____
 Business Address: _____
 City: _____ State: _____ Zip: _____

Installer: _____
 Phone: (____) _____
 Business Address: _____
 City: _____ State: _____ Zip: _____

Accessory Dealer: _____
 Phone: (____) _____
 Business Address: _____
 City: _____ State: _____ Zip: _____

ROC #:	Expires: (MO/DA/YR)	Class:	Type:

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This permit provides for three (3) inspections. One of which is reserved for accessory structures. Any additional inspection will be charged at the rate of \$185.00 per inspection. Permit fees based on fee schedule created by OMH pursuant to its authority under ARS § r1-2144 (4) and AAC r4-34-501. A copy of the state approved engineered plans for permanent foundation walls is required upon submittal. Permit becomes null and void if work or construction authorized is not commenced within 180 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or performance of construction. I acknowledge that I make this statement under penalty of perjury.

I am: Owner: Contractor
 Agent: Other: _____

Signature of Applicant _____

Date _____

	Initials:	Date:
Zoning Approval:		
PW Approval:		
Flood Control GDP#:		
Plan Check Approval:		

Payment Date:	Initials:
Payment Amount:	
Description:	Deposit <input type="checkbox"/> Paid in Full <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/>
Receipt #:	Date permit final: _____

Checklist for Permit Submission

Please have all checked components with you when you drop off permit so it can be submitted for review

	Residential Building Permit	Manuf. Home Permit	Solar Permit	Grading Permit	Over the Counter Permit (Elec, Plumb, Mech)	Zoning Clearance Permit (Fences, out buildings)
Signed Permit Application	X	X	X	X	X	X
*ISSUED Septic Permit (From Yavapai County)	X	X				
Types of Plans:						
• 2 Sets of Full Construction Plans	X		X	X		
• 2 AZ Stamped Truss Calculations	X					
• 2 sets of plans and footings approved by State of AZ Manufactured Housing		X				
• 1 Plot Plan 8 ½" x 11"	X	X	X	X	X	X
• 2 Site Plan 18" x 24" (Min size)	X	X	X			
Affidavit of Site Soil	X	X		X		
Soils Report	X (possibly)	X (possibly)		X (possibly)		
Directions to Site	X	X	X	X	X	X
Residential Outdoor Lighting	X	X				
Deposit or One time fee	X	X	X	X	X	X

If you are uncertain what is needed, please call us, we would be happy to help.

*Yavapai County handles all Septic Permits. We are unable to start the approval process of any residential plans until we know where the approved septic system will be located and its size.

Town of Dewey-Humboldt

Directions to Site

- An actual detailed line map is needed, not written instructions.
- Use starting point of Highway 69 (a North to South Rd)
- Make sure **street names** and north arrows **ARE readable**.
- If the map is not adequate it could cause a delay in issuing your permit.

Parcel ID _____ Address _____



TOWN OF DEWEY-HUMBOLDT Plot Plan Sketch and Affidavit

I certify that I am authorized by the property owner to make this application, that all information provided for this application is correct and that this plot plan, as part of the permit, indicates all structures (including fences, walls, and pads), correct property and building dimensions; setback distances; legal access and easements; road cuts; walls and/or any water course (including washes, drainage ditches etc.) on or within 50'; 100' and 200' respectively of the property. We agree to conform to all applicable laws of this jurisdiction.

Signature

Date

Orientation of Plot Plan

Dimension & Lettering ↕				
Dimension & Lettering ↔				

Document #

Sec

Twn

Rng

A P N

Zoning: _____

Stories: _____

Height: _____

Slope: _____ %

FY: _____

RY: _____

EY: _____

IY: _____

LC: _____

Lot Area _____

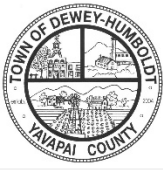
Lot % _____

Density Used: _____

Scale: _____

North Arrow

MUST BE DRAWN TO SCALE PER CHECKLIST. An additional 8 ½" x 11" sheet may be used to provide an area map for a parcel which exceeds 2 acres or dimensions of 300 feet.



TOWN OF DEWEY-HUMBOLDT

"Arizona's Country Town"

SOIL AFFIDAVIT
 Community Development
 PO Box 69 - Humboldt, AZ 86329

www.dhaz.gov

Phone: 928-632-7362, Fax: 928-632-7365

DATE Submitted: _____ PERMIT # (office): _____ PARCEL # _____
 Site Address: _____ City/State: _____
 Property Owner: _____ Applicant: _____
 Owner Mailing Address: _____ City/State/Zip: _____
 Applicant Email: _____ Applicant Phone: (____) _____

PLEASE ANSWER CHECK ALL CONDITONS THAT APPLY TO THIS SITE

- Yes No Expansive soils on site but concrete footings and stem walls will penetrate through the clay soils and bear upon underlying soils or be filled with approved lean concrete slurry within 18 inches or more below finished grade.
- Yes No Footings will extend through fill and will penetrate through the clay soils and bear upon underlying soils.
- Yes No Existing fills on site? If yes, Soils Engineering Report Required
- Yes No Proposed fill to be placed on site? If more than 12 inches a Soils Engineering Report Required

If the field conditions, as described in the above answers, are found to be different upon a field review, the Town may stop the project and require additional information or work tasks be accomplished prior to continuing with construction.

- I/We agree to abide by the additional requirements the Town has imposed as a condition of granting this request per design for expansive soils 1805.8 IBC, or alternatively.
- I/We will exercise the option to retain an Arizona registered engineer, experienced and currently practicing in the area of Geotechnical Engineering in the private sector in this area of the State of Arizona to submit a soils report and alternative design solutions for review and approval.
See attached soils report.

I/We being the owner or duly authorized representative of the owner of the property located at the above address, hereby request the requirements of the International Building Code relative to soil reports be waived for the reasons stated above. As the owner or duly authorized representative of the owner for the aforementioned property, I/We authorize this document to become a part of the permanent record for this property.

Signature of Applicant _____ Date _____ I am: Owner: Contractor:
 Agent: Other: _____

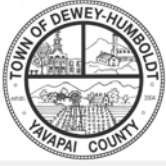
FOR OFFICE USE ONLY

- AFFIDAVIT DENIED:** Your request for waiver for a soils investigation report cannot be granted for this project. Investigation of the site and Town records indicates problem soil conditions in the immediate area. A soils report and recommendations by an Arizona registered soils engineer will be required.
- AFFIDAVIT GRANTED WITH THE FOLLOWING CONDITIONS:**

- AFFIDAVIT GRANTED: Based on the design submitted as shown on plans.**

DEPARTMENT AUTHORIZATION _____

DATE _____



TOWN OF DEWEY-HUMBOLDT

"Arizona's Country Town"

**Night Sky
Lighting List**
Community Development
PO Box 69 - Humboldt, AZ 86329

www.dhaz.gov

Phone: 928-632-7362, Fax: 928-632-7365

DATE Submitted: _____ PERMIT # _____ PARCEL # _____

Site Address: _____ City/State: _____

Property Owner: _____

(Lighting amount: < 1/2 acre-7,500 Lumens, 1/2 to 1 acre-10,000 Lumens, 1 and greater - 20,000 Lumens)

Parcel size: _____ acres will utilize the following outdoor lighting package:

Incan=incandescent, Hal=halogen, Com=compact fluorescent, MS=motion sensing, S=Shielded

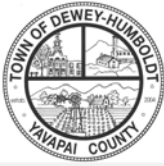
Quantity	Location	Wattage	Type & Fixture	Lumens Each	Lumens Total
Example:					
2	Front Porch	100	Incan / S	1600	3200
				Total lumens:	

Remaining allowable lumens for this parcel: _____

I, the undersigned, acknowledge that The Town of Dewey-Humboldt has a Light Pollution Control Resolution and believe to the best of my understanding that the foregoing installations will be in full compliance with the Resolution. I understand that if the foregoing installations are determined not to be in full compliance with the Light Pollution Control Regulations, it shall be my responsibility to bring the installations into compliance.

Owner or Agent

Date



FOR HOMEOWNER USE NIGHT SKY LIGHTING INFORMATION

www.dhaz.gov

Phone: 928-632-7362, Fax: 928-632-7365

The Town of Dewey-Humboldt has taken an active role in the preservation of the night-sky through Zoning Regulations within the Town Code, Sections 153.150-153.153 (Light Pollution Control). For commercial applications or further details, you may research Town Code, Chapter 153

In part: All light fixtures, including security lighting, shall be **aimed or shielded** so that the direct illumination shall be confined to the property boundaries. Particular care is to be taken to assure that the direct illumination does not fall onto or across any public or private street or road.

Motion sensing lighting fixtures shall be properly adjusted, to turn off when detected motion ceases. Motion sensing lights can be turned to "constant ON" for the purposes of illuminating yard areas for private recreational activities so long as they are turned to their automatic setting at the conclusion of the activity.

Installation of new mercury vapor light fixtures has been prohibited since May of 1985.

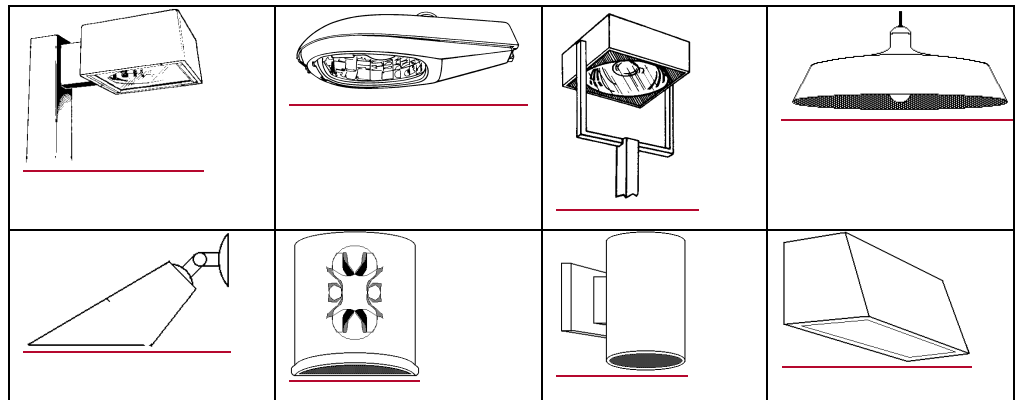
Landscaping up-lighting may be acceptable, but must be approved by the Community Development Director.

Applicant is to provide manufacturer's cut-sheet/catalog information detailing fixture shielding and lumen output of bulbs to be installed, and where required, a drawing/illustration of the proposed shielded fixture upon application for a building permit requiring exterior lighting.

Lighting amount: < 1/2 acre-7,500 Lumens 1/2 to 1 acre-10,000 Lumens 1 and greater - 20,000 Lumens

Note: Lumen is the unit used to measure the actual amount of visible light, produced by a lamp. Comparison: (W=Watt and L=Lumen) 60W = 840L, 75W = 1,125L, 100W = 1600L, 150W = 2,780L, 300W = 4,620L

Examples of fixtures that are **Fully Shielded** (Note: To be fully shielded these fixtures must be closed on top and mounted such that the bottom opening is horizontal).



Examples of fixtures that are **NOT Fully Shielded**.

*Note: Reflective surfaces within the fixture and or lens covers are directly visible from the side.

