ATN CRISTINA

Cochise County
Community Development
Development Services

Public Programs...Personal Service
www.cochise.az.gov

2018-05412
Page 1 of 2
Requested By: Cochise County Planning Dept
David W. Stevens - Recorder
Cochise County , AZ
03-27-2018 03:56 PM Recording Fee $0.00

Recording Requested By: **Cochise County Community Development Department** When Recorded Deliver To: **Cochise County Community Development Department** **1415 Melody Lane, Bldg. E** **Bisbee, AZ. 85603** **520-432-9300**	**Space Above For Recorder Use Only**

Disclosure Statement – Rural Residential Owner-Builder Amendment to the Cochise County Building Safety Code:
Pursuant to *Section 6 - Recording* contained in the adopted *Resolution 14-77 - Amendment to the Cochise County Building Safety Code for Owner-Built Rural Residential Dwellings*, which states: "Each time a permit is issued pursuant to this amendment for *Residential Dwellings, Additions or Accessory Structures,* a notice that a permit has been issued pursuant to the provisions of this article shall be recorded with the County Recorder by the Community Development Department". This Disclosure Statement will be recorded to the subject property.

The purpose of this amendment is to exempt a Rural Residential Owner-Builder from the requirement for construction plan review and inspections under the currently adopted version of the Cochise County Building Safety Code, ***provided the parcel proposed for residential construction is located in a Zoning District with a Minimum density of four acres per dwelling unit and the proposed parcel is of a size and configuration that conforms with the Zoning District in which it is located.*** This amendment also requires such Owner-Builder to comply with the Cochise County Building Safety Code but with a limited inspection scope, instead of complying with the full inspection requirements contained in the adopted *Building Safety Code*.

NOTE: Applicants for the Rural Residential Owner-Builder Option should check with their financing institution and/or insurance provider to ascertain whether building without review or inspection oversight will affect their ability to obtain a mortgage or homeowner's insurance.

Amendment Option Selected by Rural Residential Owner-Builder *(Initial to left of applicable statement)*:

Bisbee Office
1415 Melody Lane, Building E
Bisbee, Arizona 85603
520-432-9300
520-432-9278 fax
1-877-777-7958
planningandzoning@cochise.az.gov

Highway and Floodplain
1415 Melody Lane, Building F
Bisbee, Arizona 85603
520-432-9300
520-432-9337 fax
1-800-752-3745
highway@cochise.az.gov
floodplain@cochise.az.gov

OPTION1: ____ I have voluntarily selected the *Full Construction Plan Review with Limited Building Code Inspections* option of the adopted Rural Residential Owner-Builder Amendment for my residential construction project listed below. I understand that full construction plan review is required under this option with only limited building code inspections in the trade areas of mechanical, electrical, plumbing and fire prevention by the County.

OPTION 2: 1/ I have voluntarily selected the *No Construction Plan Review with No Building Code Inspections* option of the adopted Rural Residential Owner-Builder Amendment for my residential construction project listed below. I understand that no construction plan review or building code inspections will be required or completed by the County.

Description of Residential Construction Work included under this disclosure:

35' x 20' man house built with rammed earth
85' x 50' street garage - 20' tall with solar system
8' x 24' RV patio with grandmont solar

By statute, this exemption does not exempt owner-builders from state, county building codes, or fire-district adopted fire codes and regulations regarding smoke detectors, nor does it exempt owner-builders from health regulations regarding wastewater treatment systems and Sierra Vista Sub-watershed

I (or) We Derek Hazlett + Hannah Jantzh , owner(s)
(Applicant Name(s))

of parcel # 124-25-001-2 located at 2627 W Patton St. in
(Physical Address)

Sant David AZ 85630 agree to comply with all of the requirements
(Town) (State) (Zip Code)

contained in the Rural Residential Owner-Builder Amendment to the Cochise County Building Safety Code and all other pertinent state and county regulations.

~~Owner Signature~~ and (if applicable) Owner Signature

March 10th 12018 March - 10 - 2018
Date Date

When recorded, this document shall be indexed by the county recorder and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

This Instrument was acknowledged before me this 10th Day of March, 20 18, by

Derek Hazlett and (if applicable) Hannah Jantzh

Notary Public

GABRIEL URE
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires
August 13, 2021

PU
SV

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 # 124-25-001-2

Subdivision

Site Location/Address/City W Patton St., St. David 85630

Property Owner Name Derek Howlett Hannah Jeanis

Mailing Address/City/Zip Code 215 Hilen Lane PoBox 770 St David AZ 85630

Name of Applicant (if not property owner)

Mailing Address/City/Zip Code

Contact Person Derek Howlett Phone Number 7639570073

Email vegonhowlett@gmail.com Fax Number

PART B: PROPOSED PROJECT LIVING IN RV WHILE BUILDING

We are building a 35' x 20' main house site built.
- Building a 40' x 24' garage
- Building a 12' x 8' shed for storage

Replacement Manufactured Home Yes ☐ No ☑ Year of Manufactured Home

Gross Floor Area of Proposed Project 700+960+96 Structure Height 14' 16' 12'

Estimated Value of Proposed Project $160,000 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) (2)
   Indicate who will perform work: Owner ☐ Contractor ☑
   If contractor, list name and license # Mike Goodman 269229
2. Water Supply: Public ☐ Community Well ☐ Private Well ☐ Rainwater ☑

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 Solar

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: Nov 7th 2016

REVISED September 2011

FOR DEPARTMENTAL USE ONLY

Assigned County Address 3627 W Patton St St David 85630

Building Code Construction Plans submitted: Yes ☐ No ☒ ~~SV Sub-Watershed ☐~~

Owner Built: Limited ☐ Non Code ☒ Hubbard Zone ☐ Tombstone Aqueduct ☐ BST ☐

Growth Area D Plan Designation RR Tn. 18 Rg. 20 Sec. 02

Zoning District RU4 Map Ref. MV Supervisor District 3

Flood Zone AX Panel # 1245 Panel Date 2-3-16

Lot Area 40.03ac Setbacks: N 350 S 900 E 400 W 480

PERMIT PROCESSING INFORMATION

Right-of-Way	Rev. By:	Date 11/7/16	Permit Required Y ☐ N ☒	
Flood Control	Rev. By:	Date 11/7/16	Permit Required Y ☐ N ☒	
Health Services	Rev. By: BS	Date 11/9/16	Permit Required Y ☒ N ☐	
RAD	Rev. By:	Date	Review Required Y ☒ N ☐	

Permit Type	Permit No.	Date Received	Fee	Receipt No.	Description
NON-Bldg Code	16-1089	11/7/16	75-		2 Bedroom 1944SF SFR OPT OUT
NON-Bldg Code	16-1095		0-		465 SF GARAGE OPT OUT Complete
Bldg Code	Temporary R.V. permit expires 30 days after completion of SFR and must be removed or not occupied as living quarters after that date.				96SF SHED OPT OUT
Non-Bldg Code					
Non-Bldg Code					
Manufactured Home/FBB					
Health	16-1088		235-		SEPTIC Complete
Right-of-Way					
Flood Control	Minimum 50' setback to all washes required				
RAD	16-1089		15-		RAD
Review (Res/Comm)	16-1089		15-		REV
Surcharge/ Other (specify)					
Other (specify)	16-1096		30		temp RV 8x24
Total			370		Grader Card

Permit approved for issuance by Permit Coordinator

Signature: Date: NOV 18 2016

Revised size of SFR

SEP 16 2019

Site Plan

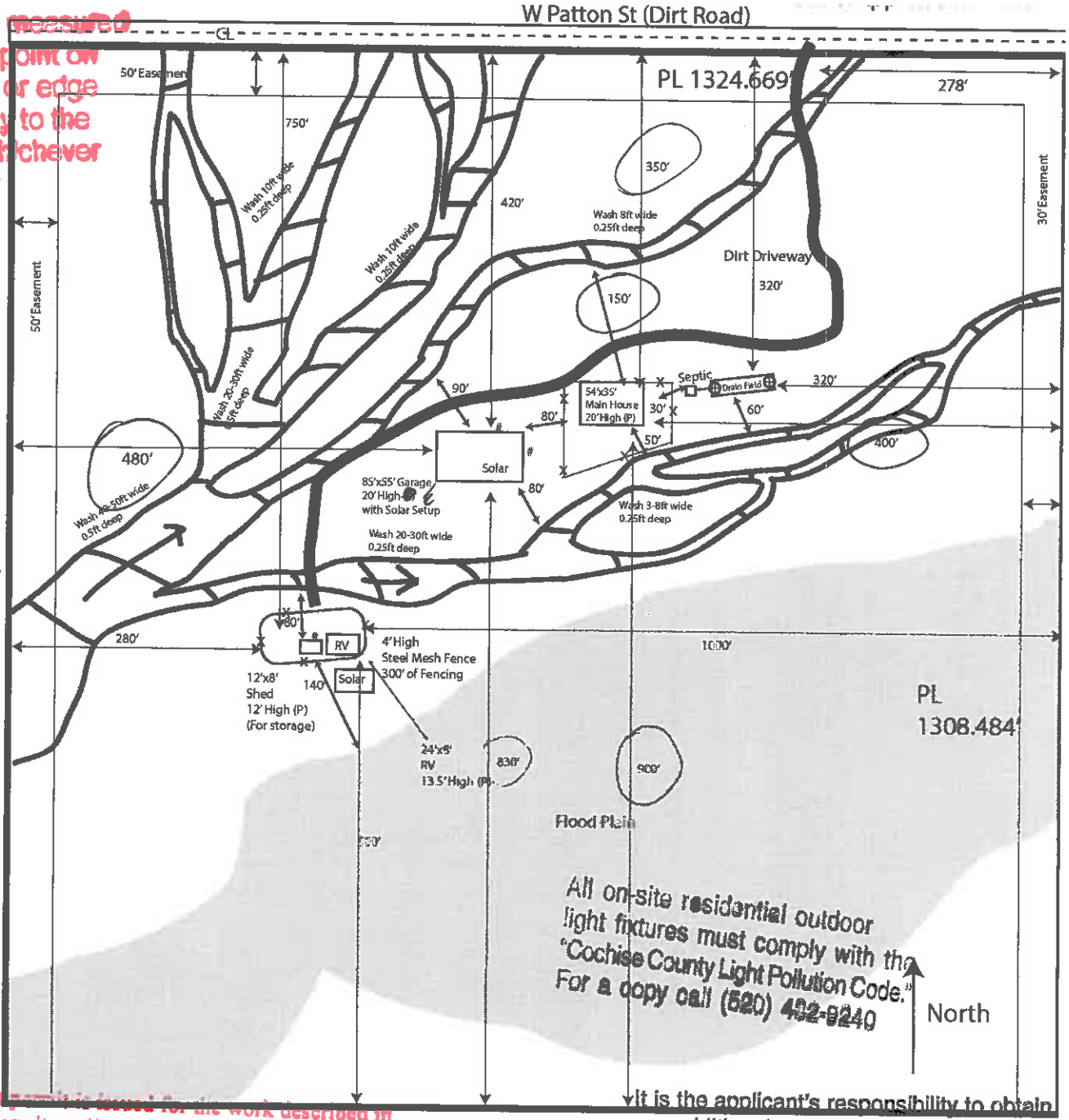
The setback will be measured from the closest point on the property line or edge of road travelway to the structure / use whichever is closer

Parcel #124-25-001-2
Name: Derek Howlett
Hannah Janish

If any changes need to be made to this approved site plan due to conflicting requirements from any other County department, this site plan must be re-approved by the Planning Department BEFORE any construction begins.

Legend:

- Property Lines
- Fence
- Setback Dimensions
- Road Center Line
- Washes
- Drainage
- Dirt Driveway
- Test Hole Septic
- Fully Shielded Light # (26W Compact Fluorescent, or less)

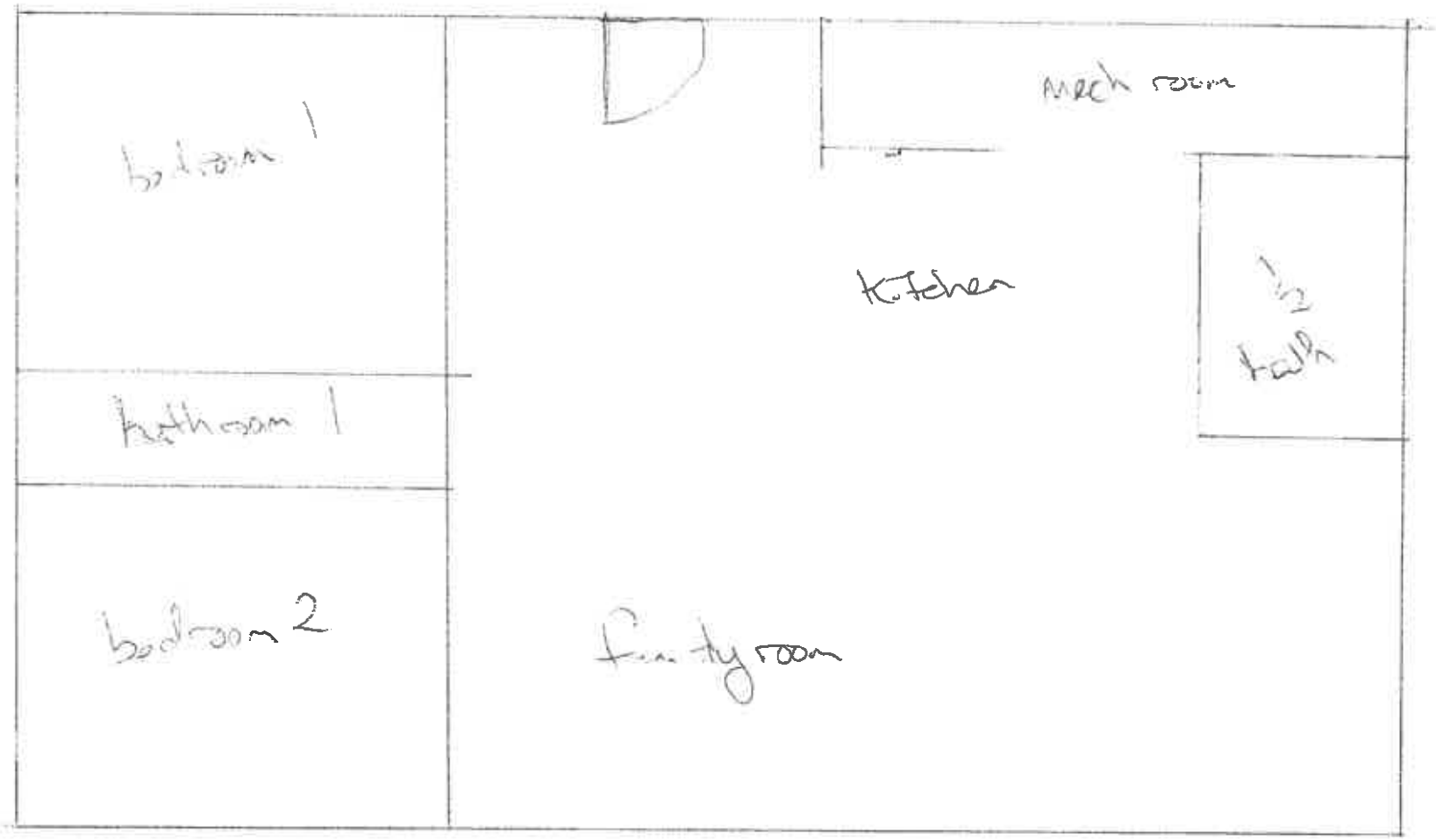


No structure/use permitted herein shall limit the rights of the owner of any underlying easements which burden a particular site from utilizing their easement

APPROVED COCHISE COUNTY COMMUNITY DEVELOPMENT
FOR Patio Str 19448
Temp RV 8x24
19-1089
PERMIT# 19-1096 DATE SEP 16 2019 Revised
BY

"This permit is issued for the work described in the permit application only. It does not serve to legalize any structure on the property that has not been properly permitted (even if the unpermitted structure is depicted on the site plan that accompanied your permit application)."

It is the applicant's responsibility to obtain any additional permits, or meet any additional conditions, if any, that may be applicable to the proposed activity persuant to other federal, state or local laws or regulations.


bedroom 1
mech room
kitchen
1/2 bath
bathroom 1
bedroom 2
family room

COCHISE COUNTY COMMUNITY DEVELOPMENT
1415 Melody Lane, Bldg E
Bisbee, Arizona 85603
(520) 432-9240

OPT OUT SFR 1944 sq' (2 bedroom)

FOR INSPECTIONS PLEASE CALL (520) 432-9263

PARCEL #: 12425001
PERMIT #: 2016-01089
DATE ISSUED: 11/18/2016

LOCATION: 2627 W PATTON ST
SAINT DAVID, AZ 85630
DATE EXPIRES: 11/18/2019 (Revised size of SFR)

PARCEL OWNER NAME: HOWLETT DEREK & HANNAH JANISH
ISSUED TO NAME: DEREK HOWLETT & HANNAH JANISH
ISSUED TO ADDRESS: 21 S MILLER LANE PO BOX 770 SAINT DAVID, AZ 85630

CONDITIONS REQUIRED

Owner Builder Amendment applies. No Building code or Utility Inspections will be performed. Permit CANNOT exceed 4 years. Not for Occupancy by members of the public and not intended for sale or rent. No Certificate of Occupancy will be Issued. CANNOT Opt Out for another 5 years.

A minimum building setback of 50 feet from the nearest primary bank of all Washes is required pursuant to the Cochise County Floodplain Regulations Section 8.3 (B).

All on-site Residential Outdoor Light fixtures must comply with "Cochise County Light Pollution Code". For a copy call (520) 432-9300. Maximum 2,000 unshielded lumens allowed per residential site.

Zoning Inspection For Progress on SFR is Required before Extension will be granted.

Temporary RV permit expires 30 days after completion of SFR and must be removed or not occupied as living quarters after that date.

INSPECTION	INSPECTOR	DATE	INSPECTION	INSPECTOR	DATE
REQUIRED					
R-SB ONLY					
R-FINAL ZONING					
Zoning Inspection					
For Progress Req.					

BUILDING AND HEALTH PERMITS ARE VALID FOR 24 MONTHS FROM DATE OF ISSUANCE
ZONING PERMITS ARE VALID FOR 36 MONTHS FROM DATE OF ISSUANCE

Debbie Lee
Planning Technician

THIS CARD, APPROVED SITE PLAN, AND CONSTRUCTION PLANS MUST BE POSTED IN A CONSPICUOUS AND ACCESSIBLE PLACE ON THE JOB.

Sewage System Design

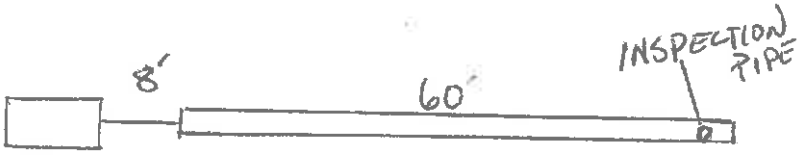
Applicant Name DEREK HOWLETT
Designers Name MIKE GOODMAN
Owner DEREK HOWLETT / MORTON FAMILY TRUST

Permit # 2016 01088
Parcel # 124 25 001 .2
Date 1-2-17

System Drawing
Include direction & distance to water supply

As Built

N



15Q4HC INFILTRATORS

Type of Establishment
(single family residence, duplex, restaurant, etc) SFR
System (circle one): 1. New 2. Repair/Replacement

Number of Bedrooms: 2 Number of Water Fixture Units: 10

Infiltrator Information
Number of Units & Type
Calc for Infiltrators

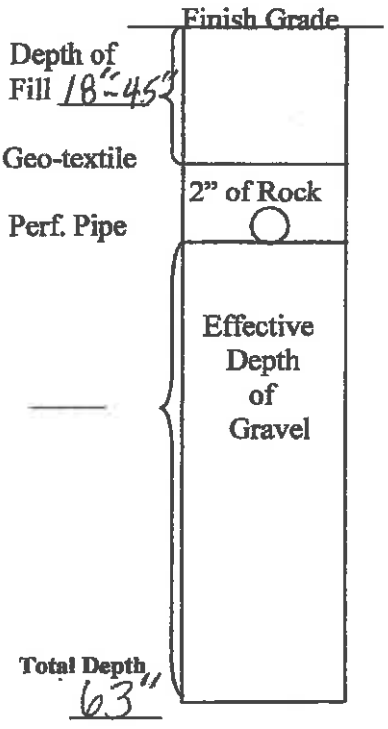
Toilets = 1.6 gal/flush=3 units, >1.6-3.2 gal/flush=4 units, >3.2=6 gal/flush= 6 units
Bar Sink, Wash Basin = 1unit
Tubs, Showers, Kitchen sink, Clothes washer & Dishwasher, = 2 units
Service sink=3 units

Revised April 4/24/08

System Specs.

Tank Size: 1000
No. of trenches: 1
Depth of Trenches: _____
(18") Trench Length _____
(2') Trench Length _____
(3') Trench Length _____

Trench Cross Section



S.A.R. .8

COCHISE COUNTY
COMMUNITY DEVELOPMENT

"Public Programs...Personal Service"

Cochise County Septic Discharge Authorization

PARCEL NUMBER: 12425001	**ADDRESS:** 2627 W PATTON ST
PERMIT NUMBER: 2016-00001088	**GALLONS PER DAY:** 300
FINAL INSPECTION DATE: 12/16/2016	**AUTHORIZ ED BY:** Debbie Lee

This authorization is issued certifying that at the time of issuance this system was in compliance with the various ordinances of Cochise County and State Health Requirements.

Highway · Floodplain · 1415 Melody Lane, Bldg F · Bisbee, Arizona 85603 · 520-432-9300 · F 520-432-9337, 9338 · 1-800-752-3745
Planning · Zoning · Building · 1415 Melody Lane, Bldg E · Bisbee, Arizona 85603 · 520-432-9240 · F 520-432-9278 · 1-877-777-7958

2016010888

CERTIFICATE OF WATERTIGHTNESS

of an Installed Septic Tank Determined by Field Watertightness Testing Under Arizona Administrative Code R18-9-A309(C)(1)

1 Project Information

A) Applicant Name	DEREK HOWLETT
B) Project Name	
C) APN Number	124 25 001 2

2 Watertightness Tester

A) Name	MIKE GOODMAN
B) Company	GOODMAN ENTERPRISES
C) Address	321 N. MILLER LN.
	ST. DAVID

3 Septic Tank Information

A) Manufacturer	D A D S
B) Design Liquid Capacity	1000 GALLONS

4 Watertightness Test Information

Description	Date	Time
1. Start presoak with clean water	12-16-16	800 AM
2. Start watertightness test	12-17-16	800 AM
3. End watertightness test	12-17-16	900 AM

☒ Passed **watertightness** test without repair (no water drop over 1-hour period per A.A.C. R18-9- A314(5)(d)(ii))

☐ Passed watertightness test following repair

5 Certification

I have tested the installed septic tank for the above-named project in accordance with the watertightness testing requirements specified in Arizona Administrative Code R18-9-A314(5)(d) and certify that the septic tank passed the watertightness test.

Signature of Tester: Mike Goodman

Date of Certification: 12-17-16

Revised: 5/2/2008

124-25-001 16-1088-16-108

Cochise County
Community Development
Planning, Zoning and Building Safety Division

Public Programs...Personal Service
www.cochise.az.gov

Residential Lighting Worksheet

Tax Parcel ID # 124 25 001-2

Please provide specification sheets, diagram, or photo of each fixture type.
Any substitutions must be approved prior to installation.

MAXIMUM 2,000 UNSHIELDED LUMENS ALLOWED PER RESIDENTIAL SITE
Lots one acre or larger are allowed maximum of 20,000 **shielded** Lumens per site.
Lots less than one acre are allowed maximum of **10,000 shielded** Lumens per site.
ANY LAMP WITH OUTPUT OF 1,000 LUMENS OR MORE SHALL BE FULLY SHIELDED.
FULLY SHIELDED FIXTURES ARE FIXTURES COMPLETELY COVERED ON TOP AND SIDES

IF ANY FIXTURES ARE NOT FULLY SHIELDED IDENTIFY WHICH FIXTURES AND EXEMPTION TYPE

Notes: _____

Fixture ID on plans	Fully Shielded YES	Fully Shielded NO	Fixture Type	No. of fixtures	Lumens per fixture	Total Lumens for this fixture type
Existing Fixtures						
Subtotal						
Proposed						
#	✓		Fully Shielded Fixtures	5	1800	9000
Subtotal						
Grand Total					Total Lumens	9000

26 W Compact fluorescent

Planning, Zoning and Building Safety
1415 Melody Lane, Building E
Bisbee, Arizona 85603
520-432-9300
520-432-9278 fax
1-877-777-7958
planningandzoning@cochise.az.gov

Highway and Floodplain
1415 Melody Lane, Building F
Bisbee, Arizona 85603
520-432-9300
520-432-9337 fax
1-800-752-3745
highway@cochise.az.gov
floodplain@cochise.az.gov

COCHISE COUNTY COMMUNITY DEVELOPMENT
1415 Melody Lane, Bldg E
Bisbee, Arizona 85603
(520) 432-9240

New SEPTIC System for (p) SFR

FOR INSPECTIONS PLEASE CALL (520) 432-9263

PARCEL #: 12425001
PERMIT #: 2016-01088
DATE ISSUED: 11/18/2016

LOCATION: 2627 W PATTON ST
SAINT DAVID, AZ 85630
DATE EXPIRES: 11/18/2018

PARCEL OWNER NAME: MORTON FAMILY TRUST
ISSUED TO NAME: DEREK HOWLATT & HANNAH JANISH
ISSUED TO ADDRESS: 21 S MILLER LANE PO BOX 770 SAINT DAVID, AZ 85630

CONDITIONS REQUIRED

Must meet Minimum 50 foot setbacks from all washes to Entire septic system per Title 18.

INSPECTION	INSPECTOR	DATE	INSPECTION	INSPECTOR	DATE
REQUIRED					
OPEN TRENCH					
SEPTIC FINAL					
SEPTIC-AS BUILT					
SEPTIC-WTR TI					
SEPTIC-DIS AUT A					

BUILDING AND HEALTH PERMITS ARE VALID FOR 24 MONTHS FROM DATE OF ISSUANCE
ZONING PERMITS ARE VALID FOR 36 MONTHS FROM DATE OF ISSUANCE

Planning Technician

THIS CARD, APPROVED SITE PLAN, AND CONSTRUCTION PLANS MUST BE POSTED IN A CONSPICUOUS AND ACCESSIBLE PLACE ON THE JOB.

COCHISE COUNTY COMMUNITY DEVELOPMENT
1415 Melody Lane, Bldg E
Bisbee, Arizona 85603
(520) 432-9240

OPT OUT SFR 700 sq'

FOR INSPECTIONS PLEASE CALL (520) 432-9263

PARCEL #: 12425001
PERMIT #: 2016-01089
DATE ISSUED: 11/18/2016

LOCATION: 2627 W PATTON ST
SAINT DAVID, AZ 85630
DATE EXPIRES: 11/18/2019

PARCEL OWNER NAME: MORTON FAMILY TRUST
ISSUED TO NAME: DEREK HOWLETT & HANNAH JANISH
ISSUED TO ADDRESS: 21 S MILLER LANE PO BOX 770 SAINT DAVID, AZ 85630

CONDITIONS REQUIRED

Owner Builder Amendment applies. No Building code or Utility Inspections will be performed. Permit CANNOT exceed 4 years. Not for Occupancy by members of the public and not intended for sale or rent. No Certificate of Occupancy will be Issued. CANNOT Opt Out for another 5 years.

A minimum building setback of 50 feet from the nearest primary bank of all Washes is required pursuant to the Cochise County Floodplain Regulations Section 8.3 (B).

All on-site Residential Outdoor Light fixtures must comply with "Cochise County Light Pollution Code". For a copy call (520) 432-9300. Maximum 2,000 unshielded lumens allowed per residential site.

Temporary RV permit expires 30 days after completion of SFR and must be removed or not occupied as living quarters after that date.

INSPECTION	INSPECTOR	DATE	INSPECTION	INSPECTOR	DATE
REQUIRED					
R-SB ONLY					
R-FINAL ZONING					

BUILDING AND HEALTH PERMITS ARE VALID FOR 24 MONTHS FROM DATE OF ISSUANCE

ZONING PERMITS ARE VALID FOR 36 MONTHS FROM DATE OF ISSUANCE

Planning Technician

THIS CARD, APPROVED SITE PLAN, AND CONSTRUCTION PLANS MUST BE POSTED IN A CONSPICUOUS AND ACCESSIBLE PLACE ON THE JOB.

COCHISE COUNTY COMMUNITY DEVELOPMENT
1415 Melody Lane, Bldg E
Bisbee, Arizona 85603
(520) 432-9240

OPT OUT Detached Garage 960 sq'

FOR INSPECTIONS PLEASE CALL (520) 432-9263

PARCEL #: 12425001
PERMIT #: 2016-01095
DATE ISSUED: 11/18/2016

LOCATION: 2627 W PATTON ST
SAINT DAVID, AZ 85630
DATE EXPIRES: 11/18/2019

PARCEL OWNER NAME: MORTON FAMILY TRUST
ISSUED TO NAME: Derek Howlett & Hannah Janish
ISSUED TO ADDRESS: P.O. Box 770 SAINT DAVID, AZ 85630

CONDITIONS REQUIRED

Not to be used as Living/Sleeping Quarters or as part of ANY Commercial Venture.

Owner Builder Amendment applies. No Building code or Utility Inspections will be performed. Permit CANNOT exceed 4 years. Not for Occupancy by members of the public and not intended for sale or rent.

No Plumbing Proposed.

A minimum building setback of 50 feet from the nearest primary bank of all Washes is required pursuant to the Cochise County Floodplain Regulations Section 8.3 (B).

INSPECTION	INSPECTOR	DATE	INSPECTION	INSPECTOR	DATE
REQUIRED					
R-SB ONLY					
R-FINAL ZONING					

BUILDING AND HEALTH PERMITS ARE VALID FOR 24 MONTHS FROM DATE OF ISSUANCE
ZONING PERMITS ARE VALID FOR 36 MONTHS FROM DATE OF ISSUANCE

Planning Technician

THIS CARD, APPROVED SITE PLAN, AND CONSTRUCTION PLANS MUST BE POSTED IN A CONSPICUOUS AND ACCESSIBLE PLACE ON THE JOB.

COCHISE COUNTY COMMUNITY DEVELOPMENT
1415 Melody Lane, Bldg E
Bisbee, Arizona 85603
(520) 432-9240

TEMPORARY RV 8 X 24 While Building

FOR INSPECTIONS PLEASE CALL (520) 432-9263

PARCEL #: 12425001
PERMIT #: 2016-01096
DATE ISSUED: 11/18/2016

LOCATION: 2627 W PATTON ST
SAINT DAVID, AZ 85630
DATE EXPIRES: 11/18/2019

PARCEL OWNER NAME: MORTON FAMILY TRUST
ISSUED TO NAME: Derek Howlett & Hannah Janish
ISSUED TO ADDRESS: P.O. Box 770 SAINT DAVID, AZ 85630

CONDITIONS REQUIRED

Temporary RV permit expires 30 days after completion of SFR and must be removed or not occupied as living quarters after that date.

Temporary RV is not to be used as Permanent Dwelling.

INSPECTION	INSPECTOR	DATE	INSPECTION	INSPECTOR	DATE
REQUIRED					
R-FINAL ZONING					

BUILDING AND HEALTH PERMITS ARE VALID FOR 24 MONTHS FROM DATE OF ISSUANCE
ZONING PERMITS ARE VALID FOR 36 MONTHS FROM DATE OF ISSUANCE

Planning Technician

THIS CARD, APPROVED SITE PLAN, AND CONSTRUCTION PLANS MUST BE POSTED IN A CONSPICUOUS AND ACCESSIBLE PLACE ON THE JOB.

Permit #: 16-1089/90/95/96 Applicant: Derek Howlett & Hannah Janish

ACTION LOG: septic approval, $30.00 for temp RV, washes

Wind Turbine & Wind Mill must meet fall-zone 1822 & 1823 Cat A, B and C only 2 MH's allowed before becoming MH park

Dates_To Health: _11/9__ To Flood: _11/9_ sewer/water letter: _rainwater_ Hubbard Zone: _N/A__ SB Form __N/A_____

Article 7: Over 4 acres accessory can be larger than dwelling and one out-building allowed before dwelling

Site Plan : Utilities, roads and other site plan requirements showing?___Y or N Violation Y or N

Comment: See Articles 6, 7, 8, 9, 10 for 120 square foot shed setbacks Additional Information Y or N

Residential Checklist, Tombstone Aqueduct Y or N

1. Parcel Number: 124-25-001 2. Section: 2 Township: 18 Range: 20
3. ROC form: X 4. Zoning District RU-4 Map Reference Map View Category
5. Does Building Code Apply: *Y, N or N/A Opt-Out* Construction plans approved?_____
6. Permit History: Vacant
7. List all proposed uses: Opt Out SFR 700 sq', detached garage 960 sq', shed 96 sq', septic, Temp RV 192 sq'
8. Are the uses permitted within this Zoning District? *Y* or *N*
9. Does parcel meet minimum lot area for Zoning District? *Y* or *N* or *NA* required 4acres proposed 40.03 acres
   If not, is parcel a legal nonconforming lot created prior to 1/1/75? *Y* or *N*,
   If yes list source/date:_____ date created:_____
10. Do Setbacks comply? *Y* or *N* or *NA*

	Minimum	Proposed	
North/street	20	350	If not, do non-conforming
South/street	20	900	setbacks or CC&R's apply?
East/street	20	400	If a MHP do 1812.02
West/street	20	500	setbacks apply?

11. Does proposed height comply? *Y* or *N* or *NA*

	Maximum	Proposed
principal	30	14
accessory	30	16/12
wall/fence	8	

12. If a second residence is proposed, does the parcel meet the minimum site area for two residences? *Y* or *N* or *NA*
    If no, has an accessory living quarter subject to the definition in Article 2 and the procedures in Section 1717 been approved? *Y* or *N*
13. Do distance between principal structures comply? *Y* or *N* or *NA* required 15' proposed_____
14. Does project comply with sight triangle requirements (1807.06)? *Y* or *N*
15. If accessory structure proposed, does size exceed the size of the principal structure on site? *Y* or *N* or *NA Article*
16. Does project comply with site coverage ratio requirement? *Y* or *N* or *NA* required .25 proposed .01
17. If fence proposed, is fence being constructed of standard materials? *Y* or *N* or *NA*
18. Does project comply with livestock requirements (1815)?: *Y* or *N* or *NA*
    Minimum 36,000 sq. ft. site? *Y* or *N*, Animals confined by fences? *Y* or *N*, Stable, corrals, manure pile set back 50 ft.? *Y* or *N*
19. Does project comply with pool regulations (1816)? *Y* or *N* or *NA* Type of pool cover proposed 1820:_____
    Is pool seven ft. from property lines? *Y* or *N*, Is pool in front setback area? *Y* or *N* Is applicable pool barrier shown? *Y* or *N*
    Is IRC applicable? Y or N or NA Is ARS 36-1681 applicable? Y or N or NA Is 1816 of Regs applicable? Y or N or NA
20. Is more then one acre being cleared? *Y* or *N* If so ,what method used for erosion control:_____,
    and what method being used for dust control_____, does this comply with Clearing Ordinance? *Y* or *N*
21. New SFR? *Y or N* If yes are following done? Gray Water Plumbing - *Y* or *N* or *NA*, Hot Water on Demand *Y* or *N* or *NA*
22. If new or replacement Outdoor Sprinkler System or Evaporative Coolers are they in compliance with SV Sub-watershed *Y* or *N* or *NA*
23. Wind turbine height ____, cannot exceed 45'. Fall zone _____, distance between structures ____, 10' above height limit. NO lighting.

Date 11/9/16 Checklist completed by: Debbi Lee

REVISED 1/25/10

In Accordance with A.R.S. Title 32 24 25 001-2

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: Derek Hawlett Hannah Jansh

Owner/Builder Address: W Patton St. St. David AZ 85630

Owner/Builder Signature: [signature] Date: 11/5/2016

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:
Derek Hawlett Hannah Jansh
W Patton St. St David AZ 85630

Signature: [signature] Date: 11/5/2016

1

1 Authorization For Site Investigation

I certify that I am (check one) ☒ the Owner, ☐ the Authorized Representative or ☐ an Other Person and have authority to grant the investigator access to the property for this site investigation and authorize the work certified in this site assessment.

Name & Address (Printed) Derek Hawlett Hannah Janish W Patton St. St. David AZ

Signature

2 Project Identification

Property Owner or Project Name DEREK HOWLETT HANNAH JANISH

3 Site Information [A.A.C. R18-9-A309(B)(2)(a)]

Address _____ City St. DAVID

Parcel Number 124 25 001-2 Lot Number _____

Township _____ Range _____ Section _____

Latitude _____ ° _____ ' _____ " N Longitude _____ ° _____ ' _____ " W

4 Investigator Information [A.A.C. R18-9-A310(H)]

Name Mike Goodman Phone 520-975-4156

Title Owner Firm Name Goodman Enterprises

Mailing Address 321 North Miller Lane City St. David State AZ

Zip 85630 E-Mail mcgoodmanent@gmail.com

5 Surface Characterization [A.A.C. R18-9-A310(C)]

Identify the presence or absence of all of the following possible limiting conditions in the intended location of the treatment works and the primary and reserve areas of the on-site wastewater treatment facility:

A) The surface slope is greater than 15 % at the intended location of the on-site wastewater facility ☐ YES ☒ No

B) Setback distances do NOT meet all the minimum values specified in R18-9-A312(C) ☐ YES ☒ No

NOTE: Check YES if the location or size of the dwelling or other improvements, or the bedroom count or the fixture unit count is UNKNOWN to the site investigator.

C) Surface drainage characteristics could adversely affect the ability of the facility to function properly ☐ YES ☒ No **NOTE: If YES, please describe in Attachment 4.**

D) A 100-year flood hazard zone, as indicated on the applicable flood insurance rate map, is located within the property on which the on-site wastewater treatment facility will be installed ☐ YES ☒ No. **NOTE: If YES, please specify the FEMA Flood Insurance Map Number or Other Source** _____

E) An outcropping of rock that cannot be excavated is present and could impair the function of soil receiving the discharge ☐ YES ☒ No

F) Fill material deposits are present ☐ YES ☒ No

If the answer is YES to any of the above potential surface limiting conditions, please show location and note the condition type on Site Investigation Map (Item 7).

6 Subsurface Characterization Method [A.A.C. R18-9-A310(D)]

Check method used to perform subsurface characterization per A.A.C. R18-9-A310(D)(1) and (3)

A) ASTM D5921 used? ☒ Yes ☐ No **(if Yes, please enclose Attachment 1)**

B) Percolation test method used? ☐ Yes ☐ No **(if Yes, please enclose Attachment 2)**

C) Seepage performance test method used? ☐ Yes ☐ No **(if Yes, please enclose Attachment 3)**

D) Other ADEQ approved method? ☐ Yes ☐ No **(if Yes, please provide in Attachment 4 the method and data)**

124 25 001 2

7 Site Investigation Map Showing the Location of Limiting Conditions and Setbacks from Features and Improvements [A.A.C. R18-9-A309(B)(2)(a)]

A. CHECK below the features shown on the Site Investigation Map. WRITE N/A if item is NOT PRESENT. RECORD below the separation (feet) that will be maintained between the system and the checked feature.

- N/A Water supply well ____ (ft)
- N/A Water main or branch water line ____ (ft)
- N/A Domestic service water line ____ (ft)
- N/A Drinking water intake from a surface water source ____ (ft)
- N/A Perennial or intermittent stream ____ (ft)
- N/A Lake, reservoir, or canal ____ (ft)
- N/A Pond or other water feature ____ (ft)
- N/A Swimming pool ____ (ft)
- ✓ Planned building 20 (ft)
- N/A Existing building ____ (ft)
- N/A Boundary of 100-year flood hazard zone ____ (ft)
- N/A Drainage easement or wash with drainage area more than twenty acres ____ (ft)
- N/A Other Easement ____ (ft)
- N/A Downslope cut banks and culvert or roadway ditches ____ (ft)
- N/A Planned cut bank over 2 feet deep ____ (ft)
- N/A Wall or planned wall over 2 feet high ____ (ft)
- ✓ Driveway or parking area 10 (ft)
- N/A Storage Area ____ (ft)
- ____ Earth fissure ____ (ft)
- N/A Other ____ (ft) Describe: ____

B. Minimum setback distances are within the limits specified in R18-9-A312(C); ☒ Yes ☐ UNKNOWN ☐ No

Check UNKNOWN if the dwelling location or size (including building footprint, bedroom count & fixture unit count), or the location of other improvements is not known to the person performing the site investigation.

C. Show all soil test locations. Show any condition or feature observed during the site investigation which may affect on-site system design & is located within the SITE INVESTIGATION AREA **(defined as the planned excavation boundaries for the treatment works, primary disposal area and reserve disposal area plus the surrounding area out to 100 feet)** including :

(1) Show land surface contours at appropriate intervals when the elevations across the Site Investigation Area differ by more than 5 feet, and

(2) Any other factor is observed that may affect system design **regardless of property ownership (please include the Site Investigation Map with Attachment 4 if the information cannot be depicted on the below Grid).**

SEE ATTACHED

8 Subsurface Limiting Conditions [A.A.C. R18-9-A310(D)(2)]

Identify the presence or absence of all of the following possible limiting conditions in the intended location of the primary and reserve disposal areas of the on-site wastewater treatment facility to a depth of at least 12 feet below land surface or to an impervious soil or rock layer if encountered at a shallower depth:

A) The soil absorption rate determined under A.A.C. R18-9-A312(D)(2) is:
   1. More than 1.20 gallons per day per square foot? ☐ Yes ☒ No
   2. Less than 0.20 gallons per day per square foot? ☐ Yes ☒ No
   3. A **site-specific soil absorption rate (SAR)** is required per A.A.C. R18-9-A312 (D)(2)(b)? ☐ Yes ☒ No

B) The vertical separation distance from the bottom of the lowest point of the disposal works to the seasonal high water table is less than the minimum vertical separation specified in A.A.C. R18-9-A312(E)(1)? ☐ Yes ☒ No

C) Does seasonal saturation occur within surface soils that could affect the performance of the on-site wastewater treatment facility? ☐ Yes ☒ No If Yes, describe evidence: _____

D) Do any of the following subsurface limiting conditions that may cause or contribute to surfacing of wastewater occur within 12 feet of the land surface:
   1. An impervious soil or rock layer? ☐ Yes ☒ No
   2. A zone of saturation that substantially limits downward percolation from the disposal works? ☐ Yes ☒ No
   3. Soil with more than 50 percent rock fragments? ☐ Yes ☒ No

E) Do any of the following subsurface limiting conditions that may promote accelerated downward movement of insufficiently treated wastewater occur within 12 feet of the land surface:
   1. Fractures or joints in rock that are open, continuous, or interconnected? ☐ Yes ☒ No
   2. Karst voids or channels? ☐ Yes ☒ No
   3. Highly permeable materials such as deposits of cobbles or boulders? ☐ Yes ☒ No

F) Does subsurface conditions exist that may convey wastewater to a Water of the State and cause or contribute to an exceedance of a water quality standard established in 18 A.A.C. 11, Articles 1 and 4? ☐ Yes ☒ No

G) Depth to groundwater below land surface 200 feet as determined by ☐ Trench or boring, ☐ Subdivision report, ☐ Published groundwater data or ☒ Relevant well data.

If the answer is Yes to any of the above subsurface limiting conditions, please show location and note the associated limiting condition type on Site Investigation Map (Item 7).

9 Site Investigation Attachments

#	Attachment Description	Attached?
		☐ Yes, total of pages.
		☐ Yes, total of pages.
		☐ Yes, total of pages.

10 Investigator Certification

A) ☐ Arizona-registered Professional engineer Certification Number: _____ Expiration Date: _____

B) ☐ Arizona-registered Professional geologist Certification Number: _____ Expiration Date: _____

C) ☐ Arizona-registered Sanitarian Registration Number: _____ Expiration Date: _____

D) ☐ A certificate of training from a course recognized by ADEQ
Course Name: On Site Waste Water Treatment Completion Date: 10-09

E) ☐ Qualifies under another category designated in writing by ADEQ. **Please use Attachment 4 to provide approved Qualification Category & Date Approved.**

Professional Seal

By signing this section, I certify that I am qualified to conduct this investigation as specified in R18-9-A310(H) and have inspected the property identified in Item 3 for purposes of performing a site investigation. I have performed this site investigation in accordance with R18-9-A310 and have completed this investigation to the best of my knowledge.

Printed Investigator Name/ Date of Investigation: 11-2-16 MIKE GOODMAN

Investigator Signature/ Date Signed Mike Goodman 11-4-16

DOWNLOAD THE LATEST UPDATE OF THIS FORM FROM THE ADEQ WEBSITE AT
http://www.azdeq.gov/environ/water/permits/download/investigation.pdf

Uniform Site Investigation Report Form (A.A.C. R18-9-A310) for State of Arizona

ATTACHMENT 1, CONTINUED – ASTM 5921 METHOD FOR SUBSURFACE SOIL CHARACTERIZATION

Facility Address: _____

Tested by: MIKE GOODMAN

Date Test Completed: 11-2-16

Parcel Number: 124 25 001 - 2

Depth to Groundwater: PLEASE REPORT IN ITEM 8.G ON PAGE 3 OF FORM

Test Hole #	Depth Interval Below Land Surface (Inches)	Texture	Structure	Rock Fragments %	Mottles %	Boundary	Dry Consistency	Moist Consistency	SAR
1	0 - 6	ORGANIC	-						8
	6 - 175		LOAMY FINE						
2	0 - 6	ORGANIC							
	6 - 170		LOAMY FINE						.8
3	0 - 6	ORGANIC							
	6 - 178		LOAMY FINE						.8

Comments:

Professional Seal

ADEQ GWS FORM 423 ATTACHMENT 1 CONTINUED
(REV. AUGUST 10, 2006)

PAGE ___ OF ___

DOWNLOAD THE LATEST UPDATE OF THIS FORM FROM THE ADEQ WEBSITE AT
http://www.azdeq.gov/environ/water/permits/download/investigation.pdf

Material List

Parcel No. 124 25 001-2

Name DEREK HOWLETT

1000 Gallon septic tank

10 ft. SDR 35 solid pipe

_____ ft. SDR 35 perf. pipe

_____ Tons rock

_____ ft. geo-tex. fabric

Pipe fittings as needed.

15 Q4HC INFILTRATOR CHAMBERS

2 END CAPS