



PERMIT # 2016-244

APACHE COUNTY BUILDING SAFETY DEPARTMENT
 P.O. Box 238
 St. Johns, AZ 85936
 (928) 337-7627
 PERMIT APPLICATION

<input type="checkbox"/> NEW CONST.	<input checked="" type="checkbox"/> REMODEL	OWNER NAME:
<input checked="" type="checkbox"/> ADDITION	<input type="checkbox"/> SOLAR	<u>Mari T. DellaNogara</u>
PERMIT APPLIED FOR	<input type="checkbox"/> DEMOLITION	ADDRESS:
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> PLUMBING	<u>Hc 30 Box 735</u>
<input type="checkbox"/> GAS		CITY STATE ZIP
<input type="checkbox"/> MECHANICAL		<u>Concho AZ 85924</u>
<input type="checkbox"/> MANUFACTURED HOME YEAR		CONTRACTOR NAME:
Contact Person: <u>Scott DellaNogara</u>		ADDRESS:
PHONE #: <u>928-368-7914</u>		TELEPHONE #
E-mail Address:		CITY STATE ZIP
JOB ADDRESS:		AZ LICENSE NO. CLASS
PARCEL ID# <u>201-31-014-B</u>		
WORK TO BE DONE		

NO. OF BLDGS:	PROPOSED USE:	UTILITY INFO: LIST SOURCE OF:
		WATER _____ SEWER _____
		ELECT _____ GAS _____

PROVISION: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one (1) or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. (IRC R105.5) Work is considered to be abandoned if it has not had a "passed" inspection in the past 180 days.

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein.

DATE 12-27-16 SIGNATURE [Signature]



HEALTH DEPARTMENT REVIEW:
 Waste Disposal System required? YES NO

Signature:	DATE:
ZONE	A.P.N.
FR. YD	RR. YD
R-S YD	L-S YD
SITE NOTES:	

DWL'G AREA	S.F.	@	\$
GARAGE	S.F.	@	\$
ACCESSORY	S.F.	@	\$
TOTAL VALUATION		\$	
BUILDING FEE		\$	<u>94.00</u>
PLAN REVIEW		\$	
MANUFACTURED HOUSING		\$	
INVESTIGATION FEE		\$	
ELECTRICAL PERMIT FEE		\$	
PLUMBING PERMIT FEE		\$	
MECHANICAL PERMIT FEE		\$	
SPECIAL INSPECTION FEE		\$	
RURAL ADDRESSING FEE		\$	
FLOOD PLAIN FEE (S)		\$	
INSPECTION FEE	<u>X2</u>	<u>(47.00)</u>	\$
OTHER		\$	
TOTAL		\$	<u>94.00</u>

ADDC. PERMIT (Variance, Flood use): DATE GRANTED AND SETBACKS

APPROVED BY P&Z	DATE	APPROVED F.P.	DATE
OCCUPANCY	LENGTH	WIDTH	HEIGHT NO FLRS
DWL'G. AREA	GARAGE AREA	ACC. AREA	NO. BDRMS
APPROVED BLDG:	DATE:		
<u>[Signature]</u>	<u>12-27-16</u>		

COMMENTS:



PERMIT # 2016-243

COCONINO COUNTY BUILDING SAFETY DEPARTMENT

DEC 19 2016

P.O. Box 238
St. Johns, AZ 85936
(928) 337-7527

BY: R PERMIT APPLICATION

PERMIT APPLIED FOR

NEW CONST. REMODEL
 ADDITION - GARAGE SOLAR
 ELECTRICAL DEMOLITION
 GAS PLUMBING
 MECHANICAL
 MANUFACTURED HOME YEAR

OWNER NAME: RUSSEL MASSEY
 ADDRESS: 6191 WEST WICKREP LN
 CITY STATE ZIP: CLEDALE AZ. 85308

Contact Person: GARY SOLOMON
 PHONE #: 928 243 3949
 E-mail Address: libabbe@frontier.net
 JOB ADDRESS: FRONTIER.NET.NET

CONTRACTOR NAME: GARY SOLOMON - CJA ENTERPRISES
 ADDRESS: PO BOX 918
 TELEPHONE #: 928 243 3949

PARCELID# C 106-84-007

CITY STATE ZIP: TAYLOR AZ. 85939

WORK TO BE DONE: METAL BUILDING

AZ LICENSE NO. 305372 CLASS A GEN. EDC

NO. OF BLDGS: 1 PROPOSED USE: GARAGE

UTILITY INFO: LIST SOURCE OF:
 WATER _____ SEWER _____
 ELECT _____ GAS _____

PROVISION: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one (1) or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. (IRC R105.5) Work is considered to be abandoned if it has not had a "passed" inspection in the past 180 days.

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein.

DATE X 12/19/16 SIGNATURE X Gary Solomon



HEALTH DEPARTMENT REVIEW: Waste Disposal System required? YES NO

Signature: _____ DATE: _____

ZONE AG A.P.N. 106-84-007 SITE NOTES:

FR. YD 100+ RR. YD 28 R-S YD 150 L-S YD 50+

DWLG AREA	S.F.	@	\$
GARAGE	S.F.	@	\$
ACCESSORY	S.F.	@	\$
TOTAL VALUATION		\$	<u>16,000.00</u>
BUILDING FEE		\$	<u>171.00</u>
PLAN REVIEW		\$	<u>11.15</u>
MANUFACTURED HOUSING		\$	
INVESTIGATION FEE		\$	
ELECTRICAL PERMIT FEE		\$	
PLUMBING PERMIT FEE		\$	
MECHANICAL PERMIT FEE		\$	
SPECIAL INSPECTION FEE		\$	
RURAL ADDRESSING FEE		\$	
FLOOD PLAIN FEE (\$)		\$	
INSPECTION FEE x		\$	
OTHER		\$	
TOTAL		\$	<u>282.15</u>

ADDL PERMIT (Variance, Flood use): DATE GRANTED AND SETBACKS

APPROVED BY PEZ: _____ DATE: 12/20/16 APPROVED F.P.: _____ DATE: _____

OCCUPANCY: U LENGTH: 30' WIDTH: 24' HEIGHT: 12' NO FLRS: 1

DWLG. AREA: _____ GARAGE AREA: _____ ACC. AREA: _____ NO. BDRMS: _____

APPROVED BLDG: _____ DATE: 12/20/16

COMMENTS:



PERMIT # 2016-242

APACHE COUNTY BUILDING SAFETY DEPARTMENT
P.O. Box 238
St. Johns, AZ 85936
(928) 337-7527
PERMIT APPLICATION

PERMIT APPLIED FOR <input type="checkbox"/> NEW CONST. <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> MANUFACTURED HOME YEAR	<input type="checkbox"/> REMODEL <input type="checkbox"/> SOLAR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> PLUMBING	OWNER NAME: <u>STEVEN O'CONNELL</u>	
	ADDRESS: <u>4132 WEST GARDEN DR.</u>		
	CITY: <u>PHX</u> STATE: <u>AZ</u> ZIP: <u>85029</u>	CONTRACTOR NAME: <u>OWNER BUILDER</u>	
	ADDRESS: TELEPHONE#		
Contact Person: <u>STEVE O'CONNELL</u>		CITY: STATE: ZIP:	
PHONE #: <u>602 826 2283</u>		ADDRESS: TELEPHONE#	
E-mail Address: <u>STUDIO@STUDIO101.COM</u>		CITY: STATE: ZIP:	
JOB ADDRESS: <u>CRN 5393 LOT 1</u> <u>CRN 5393 LOT 2</u>		AZ LICENSE NO. CLASS	
PARCEL ID# <u>204 55 63 4 B</u>		WORK TO BE DONE: <u>ELECTRICAL PANE & PANEL</u>	

NO. OF BLDGS: <u>1</u>	PROPOSED USE: <u>RESIDENTIAL</u>	UTILITY INFO: LIST SOURCE OF:
		WATER _____ SEWER _____ ELECT <input checked="" type="checkbox"/> GAS _____

PROVISION: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one (1) or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. (IRC R105.5) Work is considered to be abandoned if it has not had a "passed" inspection in the past 180 days.

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein.

DATE 12/12/16 SIGNATURE [Signature]



HEALTH DEPARTMENT REVIEW: Waste Disposal System required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature: _____ DATE: _____		ZONE: _____ A.P.N. <u>204-55-63-4B</u>	
FR. YD.	RR. YD.	R-S YD.	L-S YD.
ADD'L PERMIT (Variance, Flood use), DATE GRANTED AND SETBACKS			
APPROVED BY P&Z	DATE	APPROVED F.P.	DATE
OCCUPANCY	LENGTH	WIDTH	HEIGHT NO FLRS
DWLG. AREA	GARAGE AREA	ACC. AREA	NO. BRMS
APPROVED BLDG: <u>[Signature]</u> DATE: <u>12/12/16</u>		SIRE NOTES:	

DWLG AREA	S.F.	@	\$
GARAGE	S.F.	@	\$
ACCESSORY	S.F.	@	\$
TOTAL VALUATION	\$		
BUILDING FEE	\$		
PLAN REVIEW	\$		
MANUFACTURED HOUSING	\$		
INVESTIGATION FEE	\$		
ELECTRICAL PERMIT FEE	\$ <u>600.00</u>		
PLUMBING PERMIT FEE	\$		
MECHANICAL PERMIT FEE	\$		
SPECIAL INSPECTION FEE	\$		
RURAL ADDRESSING FEE	\$		
FLOOD PLAIN FEE (S)	\$		
INSPECTION FEE x	\$		
OTHER	\$		
TOTAL	\$		

COMMENTS:

*pd - 103
12-12-16
[Signature]*

7/1/2015



PERMIT # 2016-241

APACHE COUNTY BUILDING SAFETY DEPARTMENT

P.O. Box 238
St. Johns, AZ 85936
(928) 337-7627

PERMIT APPLICATION

his son 928-245-5223

PERMIT APPLIED FOR <input type="checkbox"/> NEW CONST. <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ELECTRICAL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> MANUFACTURED HOME YEAR	<input type="checkbox"/> REMODEL <input type="checkbox"/> SOLAR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> PLUMBING	OWNER NAME:	Chuck Burt		
		ADDRESS:	30 CR 5059		
Contact Person: <u>Jan Burt</u>		CITY:	STATE:	ZIP:	
PHONE #: <u>928-242-2458</u>		<u>Concho</u>	<u>AZ</u>	<u>85924</u>	
E-mail Address: <u>GM's Propane @ gmail.com</u>		CONTRACTOR NAME:		<u>GM's Propane Inc</u>	
JOB ADDRESS:		ADDRESS:	TELEPHONE #		
<u>30 CR 5059 Concho</u>		<u>4601 E Duque de Salas</u>			
PARCEL ID#	<u>201-42-247B</u>	CITY:	STATE:	ZIP:	
WORK TO BE DONE	<u>SAT Dispenser</u>	<u>Showlow</u>	<u>AZ</u>	<u>85901</u>	
		AZ LICENSE NO.	CLASS		
		<u>ROC 145187</u>	<u>C37</u>		

NO. OF BLDGS:	PROPOSED USE:	UTILITY INFO: LIST SOURCE OF:
	<u>Install Propane Tank</u>	WATER _____ SEWER _____
	<u>FOR RE-SALE USE</u>	ELECT _____ GAS <u>X</u>

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I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein.

DATE 11-23-16 SIGNATURE [Signature]



HEALTH DEPARTMENT REVIEW:			
Waste Disposal System required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature:		DATE:	
ZONE	A.P.N.	SITE NOTES:	
	<u>201-42-247B</u>		
FR. YD	RR. YD	R-SYD	L-S YD
APPROVED BY P&Z			
DATE	APPROVED F.P.	DATE	
OCCUPANCY	LENGTH	WIDTH	HEIGHT NO FLRS
DWLG. AREA	GARAGE AREA	ACC. AREA	NO. BDRMS
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
APPROVED BLDG:		DATE:	
<u>[Signature]</u>		<u>11/23/16</u>	

DWLG AREA	S.F.	@	\$
GARAGE	S.F.	@	\$
ACCESSORY	S.F.	@	\$
TOTAL VALUATION	\$		
BUILDING FEE	\$		
PLAN REVIEW	\$		
MANUFACTURED HOUSING	\$		
INVESTIGATION FEE	\$		
ELECTRICAL PERMIT FEE	\$		
PLUMBING PERMIT FEE	\$		
MECHANICAL PERMIT FEE	\$		
SPECIAL INSPECTION FEE	\$		
RURAL ADDRESSING FEE	\$		
FLOOD PLAIN FEE (S)	\$		
INSPECTION FEE X	\$		
OTHER	\$		
TOTAL	\$ <u>62.00</u>		

COMMENTS:

PERMIT #

2016-240

RECEIVED
 DEC 05 2016
 BY: *[Signature]*

APACHE COUNTY BUILDING SAFETY DEPARTMENT
 P.O. Box 238
 St. Johns, AZ 85936
 (928) 337-7627
PERMIT APPLICATION

PERMIT APPLIED FOR <input type="checkbox"/> NEW CONST. <input checked="" type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> MANUFACTURED HOME YEAR	<input type="checkbox"/> REMODEL <input type="checkbox"/> SOLAR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> PLUMBING	OWNER NAME: American Tower	
	ADDRESS: 19100 Von Karman, Ste 200		
	CITY: Irvine	STATE: CA	ZIP: 92612
	CONTACT PERSON: Richard Hofman PHONE #: 949-355-2830 E-mail Address: Rhofman@demagrp.com		CONTRACTOR NAME: TBD
JOB ADDRESS: 35850 Frontage Rd, Lupton, AZ 86508		ADDRESS:	
PARCELS: 209-15-006 A		TELEPHONE #:	
WORK TO BE DONE: Install (2) antennas and 4 coax cables at existing wireless facility		CITY:	
NO. OF BLDGS:		STATE:	
PROPOSED USE:		ZIP:	
UTILITY INFO: LIST SOURCE OF: WATER _____ SEWER _____ ELECT _____ GAS _____		AZ LICENSE NO.:	
CLASS:			

PROVISION: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one (1) or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. (IRC R105.5) Work is considered to be abandoned if it has not had a "passed" inspection in the past 180 days.

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein.

DATE: 11/29/16 SIGNATURE: Richard Hofman

HEALTH DEPARTMENT REVIEW:
 Waste Disposal System required? YES NO

Signature: _____ DATE: _____

ZONE: AG A.P.N.: 209-15-006 A SITE NOTES: _____

FR. YD	RR. YD	R-S YD	L-S YD
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APPROVED BY P&Z: _____ DATE: _____ APPROVED F.P.: _____ DATE: _____

OCCUPANCY	LENGTH	WIDTH	HEIGHT	NO. FLRS
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DWLG. AREA: _____ GARAGE AREA: _____ ACC. AREA: _____ NO. BDRMS: _____

APPROVED BLDG: *[Signature]* DATE: 12/5/16

DWLG AREA	S.F.	Ⓢ	\$
GARAGE	S.F.	Ⓢ	\$
ACCESSORY	S.F.	Ⓢ	\$
TOTAL VALUATION			\$ 15,000
BUILDING FEE			\$ 162.00
PLAN REVIEW			\$ 105.30
MANUFACTURED HOUSING			\$
INVESTIGATION FEE			\$
ELECTRICAL PERMIT FEE			\$
PLUMBING PERMIT FEE			\$
MECHANICAL PERMIT FEE			\$
SPECIAL INSPECTION FEE			\$
RURAL ADDRESSING FEE			\$
FLOOD PLAIN FEE (S)			\$
INSPECTION FEE x			\$
OTHER			\$
TOTAL			\$267.30

COMMENTS:

7/1/2015



PERMIT # 2016-238

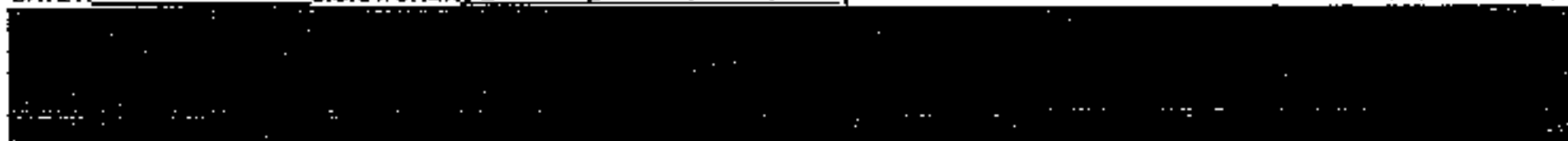
APACHE COUNTY BUILDING SAFETY DEPARTMENT
 P.O. Box 238
 St. Johns, AZ 85936
 (928) 337-7527
 PERMIT APPLICATION

PERMIT APPLIED FOR <input type="checkbox"/> NEW CONST. <input type="checkbox"/> ADDITION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> MANUFACTURED HOME YEAR	<input checked="" type="checkbox"/> REMODEL <input type="checkbox"/> SOLAR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> PLUMBING	OWNER NAME: <u>Brian & Nikina Whitaker</u>
	ADDRESS: <u>P.O. Box 775 / 27 County Rd. 3183</u>	
	CITY STATE ZIP <u>VERNON AZ 85940</u>	
	CONTRACTOR NAME: <u>OWNER/builder</u>	
	ADDRESS: TELEPHONE #	
	CITY STATE ZIP	
Contact Person: <u>Brian D. Whitaker</u> PHONE #: <u>(928) 386-1752 (cell)</u> E-mail Address: <u>nwhitaker@frontiernet.net</u> JOB ADDRESS: <u>27 County Rd. 3183 VERNON, AZ 85940</u> PARCEL ID# <u>10658001</u> WORK TO BE DONE <u>add a 12x20 deck and</u> <u>enclose existing 8x20 porch</u>		

NO. OF BLDGS:	PROPOSED USE: <u>PERSONAL USE</u>	UTILITY INFO: LIST SOURCE OF: WATER <u>WELL</u> SEWER <u>SEPTIC</u> ELECT <u>NAV. ELECTRIC</u> GAS <u>GRAVES</u>
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PROVISION: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one (1) or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. (IRC R105.5) Work is considered to be abandoned if it has not had a "passed" inspection in the past 180 days.

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein.
 DATE 11-28-16 SIGNATURE Brian D. Whitaker



HEALTH DEPARTMENT REVIEW: Waste Disposal System required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature: _____		DATE: _____	
ZONE <u>AG</u>	A.P.N. <u>106-58-001</u>	SITE NOTES:	
FR. YD <u>+50'</u>	RR. YD <u>+50'</u>	R-S YD <u>+50'</u>	L-S YD <u>+50'</u>

DWLG AREA	S.F. <u>160</u>	@	\$ <u>112.65</u>
GARAGE	S.F. _____	@	\$ _____
ACCESSORY	S.F. <u>240</u>	@	\$ <u>144.63</u>
TOTAL VALUATION	\$ <u>278.00</u>		
BUILDING FEE	\$ <u>180.70</u>		
PLAN REVIEW	\$ _____		
MANUFACTURED HOUSING	\$ _____		
INVESTIGATION FEE	\$ _____		
ELECTRICAL PERMIT FEE	\$ _____		
PLUMBING PERMIT FEE	\$ _____		
MECHANICAL PERMIT FEE	\$ _____		
SPECIAL INSPECTION FEE	\$ _____		
RURAL ADDRESSING FEE	\$ _____		
FLOOD PLAIN FEE (\$)	\$ _____		
INSPECTION FEE x _____	\$ _____		
OTHER _____	\$ _____		
TOTAL	\$ <u>458.70</u>		

ADDL PERMIT (Variance, Flood use): DATE GRANTED AND SETBACKS

APPROVED BY P&Z <u>Spence</u>	DATE <u>12/1/16</u>	APPROVED E.P. <u>DB</u>	DATE <u>12-5-16</u>
OCCUPANCY <u>R-3</u>	LENGTH <u>42'6"</u>	WIDTH <u>24'</u>	HEIGHT <u>21'6"</u>
DWLG. AREA <u>160 sq ft</u>	GARAGE AREA <u>existing</u>	ACC. AREA <u>240 sq ft.</u>	NO. BDRMS <u>2</u>
APPROVED BLDG: <u>[Signature]</u>	DATE: <u>12/5/16</u>		

COMMENTS:



PERMIT # 2016-237

APACHE COUNTY BUILDING SAFETY DEPARTMENT
 P.O. Box 238
 St. Johns, AZ 85936
 (928) 337-7527
 PERMIT APPLICATION

PERMIT APPLIED FOR <input type="checkbox"/> NEW CONST. <input type="checkbox"/> ADDITION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> MANUFACTURED HOME YEAR <input type="checkbox"/> REMODEL <input type="checkbox"/> SOLAR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> PLUMBING	OWNER NAME: <u>Juanita M. Collins</u>
	ADDRESS: <u>P.O. box 373</u>
	CITY: <u>Sebastian</u> STATE: <u>TX</u> ZIP: <u>78594</u>
	CONTRACTOR NAME:
Contact Person: <u>Juanita Collins</u>	ADDRESS:
PHONE #: <u>956-267-1021</u>	TELEPHONE#:
E-mail Address: <u>lucymynotiv@msn.com</u>	CITY:
JOB ADDRESS: <u>73 #84 CR 8114 Corcha AZ</u>	STATE:
PARCEL ID# <u>107-06-848</u>	ZIP:
WORK TO BE DONE: <u>Connect foundation & Move House</u>	AZ LICENSE NO. <u>12</u> CLASS:

NO. OF BLDGS: <u>1</u>	PROPOSED USE: <u>Home</u>	UTILITY INFO: LIST SOURCE OF:	PROVISION: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one (1) or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. (IRC R105.5) Work is considered to be abandoned if it has not had a "passed" inspection in the past 180 days.
		WATER <input checked="" type="checkbox"/> SEWER <input checked="" type="checkbox"/> ELECT <input checked="" type="checkbox"/> GAS <input type="checkbox"/>	

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein.

DATE X 12/28/16 SIGNATURE X Juanita M. Collins

FOR OFFICIAL COUNTY USE ONLY

HEALTH DEPARTMENT REVIEW:			
Waste Disposal System required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Signature: _____		DATE: _____	
ZONE <u>AG</u>	A.P.N. <u>107-06-848</u>	SITE NOTES:	
FR. YD <u>+30'</u>	RR. YD <u>+100'</u>	R-S YD <u>+100'</u>	L-S YD <u>30'</u>
ADDL. PERMIT (Variances, Flood use); DATE GRANTED AND SETBACKS			
APPROVED BY P&Z <u>SP</u>	DATE <u>12/6/16</u>	APPROVED F.P. <u>OB</u>	DATE <u>12-6-16</u>
OCCUPANCY <u>R-3</u>	LENGTH <u>31'</u>	WIDTH <u>15'</u>	HEIGHT <u>16'</u> NO FLRS <u>2</u>
DWLG. AREA	GARAGE AREA	ACC. AREA	NO. BDRMS
APPROVED BLDG: _____ DATE: <u>12/5/16</u>			

DWLG AREA	S.F.	@	\$
GARAGE	S.F. <u>118</u>	@	\$
ACCESSORY	S.F. <u>118</u>	@	\$
TOTAL VALUATION		\$	<u>21,000.00</u> 15+5+1
BUILDING FEE		\$	<u>216.00</u>
PLAN REVIEW		\$	<u>140.46</u>
MANUFACTURED HOUSING		\$	
INVESTIGATION FEE		\$	
ELECTRICAL PERMIT FEE		\$	
PLUMBING PERMIT FEE		\$	
MECHANICAL PERMIT FEE		\$	
SPECIAL INSPECTION FEE		\$	
RURAL ADDRESSING FEE		\$	<u>5.00</u>
FLOOD PLAIN FEE (S)		\$	<u>25.00</u>
INSPECTION FEE x		\$	
OTHER		\$	
TOTAL		\$	<u>386.40</u>

COMMENTS:

7/1/2015



PERMIT # 2016-236

APACHE COUNTY BUILDING SAFETY DEPARTMENT
 P.O. Box 238
 St. Johns, AZ 85936
 (928) 337-7527
 PERMIT APPLICATION

<input type="checkbox"/> NEW CONST. <input type="checkbox"/> ADDITION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> MANUFACTURED HOME YEAR	<input checked="" type="checkbox"/> REMODEL <input type="checkbox"/> SOLAR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> PLUMBING	OWNER NAME: <u>Richard & Ann CADELARIA</u> ADDRESS: <u>119 County Rd. 5002</u> CITY STATE ZIP <u>COCHISE AZ</u>
Contact Person: <u>Paul Merkl</u> PHONE #: <u>928 379-3012</u> E-mail Address: <u>PMERKL@GMAIL.COM</u>	CONTRACTOR NAME: <u>TRD</u> ADDRESS: CITY STATE ZIP	TELEPHONE#
JOB ADDRESS: <u>119 County Rd 5002 Cochise AZ</u> PARCEL ID# <u>201-16-002</u>	AZ LICENSE NO.	CLASS

WORK TO BE DONE
New roof & Room Extension

NO. OF BLDGS: 1 PROPOSED USE: outdoor kitchen

UTILITY INFO: LIST SOURCE OF:
 WATER well SEWER _____
 ELECT _____ GAS propane

PROVISION: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one (1) or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. (IRC R105.5) Work is considered to be abandoned if it has not had a "passed" inspection in the past 180 days.

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein.

DATE 5/14/16 SIGNATURE Paul Merkl

FOR OFFICIAL COUNTY USE ONLY

HEALTH DEPARTMENT REVIEW:
 Waste Disposal System required? YES NO

Signature: _____ DATE: _____

ZONE <u>AG</u>	A.P.N. <u>201-16-002</u>	SITE NOTES:	
R. YD <u>+100'</u>	RR. YD <u>+100'</u>	R-S YD <u>+100'</u>	L-S YD <u>+100'</u>

DD/L PERMIT (Variance, Flood Use): DATE GRANTED AND SETBACKS

APPROVED BY P&Z <u>Spence</u>	DATE <u>11/29/14</u>	APPROVED F.P. <u>AS</u>	DATE <u>12/11/16</u>
OCCUPANCY <u>R-3</u>	LENGTH <u>40'</u>	WIDTH <u>35'</u>	HEIGHT <u>20'</u>
NO. FLRS <u>1</u>	WLG. AREA <u>512</u>	GARAGE AREA <u>n/a</u>	ACC. AREA <u>394</u>
NO. HDRMS <u>n/a</u>	APPROVED BLDG: <u>1</u>	DATE: <u>12/5/14</u>	

DWLG AREA	S.F. <u>512</u>	@	\$ <u>112.65</u>
GARAGE	S.F. <u>n/a</u>	@	\$ <u>-</u>
ACCESSORY	S.F. <u>394</u>	@	\$ <u>44.63</u>
TOTAL VALUATION	\$ <u>75,261.02</u>		
BUILDING FEE	\$ <u>531.50</u>		
PLAN REVIEW	\$ <u>345.98</u>		
MANUFACTURED HOUSING	\$		
INVESTIGATION FEE	\$		
ELECTRICAL PERMIT FEE	\$		
PLUMBING PERMIT FEE	\$		
MECHANICAL PERMIT FEE	\$		
SPECIAL INSPECTION FEE	\$		
RURAL ADDRESSING FEE	\$		
FLOOD PLAIN FEE (\$)	\$		
INSPECTION FEE X	\$		
OTHER	\$		
TOTAL	\$ <u>876.98</u>		

COMMENTS: Approved Plans & Permit must be on site for all inspections.
 Address must be posted R319.1

1/12/2015



PERMIT # 2016-235

APACHE COUNTY BUILDING SAFETY DEPARTMENT
 P.O. Box 238
 St. Johns, AZ 85936
 (928) 337-7527
 PERMIT APPLICATION

PERMIT APPLIED FOR <input type="checkbox"/> NEW CONST. <input type="checkbox"/> ADDITION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL <input checked="" type="checkbox"/> MANUFACTURED HOME YEAR <u>2017</u>	<input type="checkbox"/> REMODEL <input type="checkbox"/> SOLAR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> PLUMBING	OWNER NAME: <u>Steve & Terry Steik</u>
		ADDRESS: <u>33444 Pawba Rd</u>
Contact Person: <u>Ronnie Bishop</u>		CITY: <u>Temecula</u> STATE: <u>CA</u> ZIP: <u>92592</u>
PHONE #: <u>928-532-5117</u>		CONTRACTOR NAME: <u>AZ Express Services LLC</u>
E-mail Address: <u>ronnie@thehomesources.com</u>		ADDRESS: <u>1050 S. 11th St</u> TELEPHONE #: <u>928-521-8468</u>
JOB ADDRESS: <u>20 CR 9094</u>		CITY: <u>Shawlow</u> STATE: <u>AZ</u> ZIP: <u>85901</u>
PARCEL ID#: <u>204-52-011</u>		AZ LICENSE NO.: <u>8598</u> CLASS: <u>I10G</u>
WORK TO BE DONE: <u>MH Set</u>		
NO. OF BLDGS: <u>1</u>	PROPOSED USE: <u>SFR</u>	UTILITY INFO: LIST SOURCE OF: WATER <input checked="" type="checkbox"/> SEWER <input checked="" type="checkbox"/> ELECT <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein. DATE X <u>11/23/16</u> SIGNATURE X <u>[Signature]</u>		PROVISION: The issuance of this permit shall not be construed to release the owner or the owner's agent from the obligation to comply with the provisions of all laws, codes, and ordinances; including federal, state, and local jurisdictions, which regulate construction and performance of construction. Every permit issued by the building official under the provisions of this code shall be valid for a maximum time period of 365 days from the date of issue and shall expire by limitation and become null and void at the end of the 365 day time period.

FOR OFFICIAL COUNTY USE ONLY

ADDITIONAL INFORMATION:				DWLG AREA S.F. @ \$ GARAGE S.F. @ \$ ACCESSORY S.F. @ \$ TOTAL VALUATION \$ <u>102,400</u> BUILDING FEE \$ PLAN REVIEW \$ MANUFACTURED HOUSING \$ <u>350.00</u> INVESTIGATION FEE \$ ELECTRICAL PERMIT FEE \$ <u>62.00</u> PLUMBING PERMIT FEE \$ MECHANICAL PERMIT FEE \$ SPECIAL INSPECTION FEE \$ RURAL ADDRESSING FEE \$ <u>5.00</u> FLOOD PLAIN FEE (S) \$ <u>25.00</u> INSPECTION FEE x \$ OTHER \$ TOTAL \$ <u>442.00</u>			
ZONE: <u>AG</u>	APN: <u>204-52-011</u>	SITE NOTES:					
FR. YD: <u>100-</u>	RR. YD: <u>1100-</u>	R-S YD: <u>1100-</u>	L-S YD: <u>1100-</u>				
APPROVED BY P&Z: <u>[Signature]</u> DATE: <u>12/5/16</u>				APPROVED F.P. DATE: <u>12-5-16</u>			
OCCUPANCY		LENGTH	WIDTH	HEIGHT	NO FLRS		
WLG. AREA	GARAGE AREA	ACC. AREA	NO. BDRMS				
APPROVED BLDG: <u>[Signature]</u> DATE: <u>12/5/16</u>							

REMARKS:
 Approved Plans & Permit must be on site for all inspections.
 Address must be posted R319.1

11-28-16
[Signature]

1/28/2013



PERMIT # 2016-234

APACHE COUNTY BUILDING SAFETY DEPARTMENT
 P.O. Box 238
 St. Johns, AZ 85936
 (928) 337-7527
 PERMIT APPLICATION

PERMIT APPLIED FOR <input type="checkbox"/> NEW CONST. <input type="checkbox"/> ADDITION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> MANUFACTURED HOME YEAR	<input type="checkbox"/> REMODEL <input type="checkbox"/> SOLAR <input checked="" type="checkbox"/> DEMOLITION <input type="checkbox"/> PLUMBING	OWNER NAME: <i>Julie S. Paulsell</i>
		ADDRESS: <i>PO. Box 261</i>
		CITY STATE ZIP <i>Sanders, Arizona 86512</i>
	CONTACT PERSON: PHONE #: <i>1-928-421-6999</i> E-mail Address: JOB ADDRESS:	CONTRACTOR NAME: ADDRESS: TELEPHONE # CITY STATE ZIP
PARCEL ID# <i>207-26-034</i> WORK TO BE DONE <i>Done - completely done</i>	AZ LICENSE NO. CLASS	PROVISION: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one (1) or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. (IRC R105.5) Work is considered to be abandoned if it has not had a "passed" inspection in the past 180 days.
NO. OF BLDGS: <i>1</i> PROPOSED USE: <i>used to be used as indoor pool</i>	UTILITY INFO: LIST SOURCE OF: WATER _____ SEWER _____ ELECT <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>	I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein. DATE <i>11-28-14</i> SIGNATURE <i>Julie Paulsell</i>

FOR OFFICIAL COUNTY USE ONLY

HEALTH DEPARTMENT REVIEW: Waste Disposal System required? <input type="checkbox"/> YES <input type="checkbox"/> NO				DWLG AREA S.F. @ \$ GARAGE S.F. @ \$ ACCESSORY S.F. @ \$			
Signature: _____ DATE: _____				TOTAL VALUATION \$ BUILDING FEE \$ PLAN REVIEW \$ MANUFACTURED HOUSING \$ INVESTIGATION FEE \$ ELECTRICAL PERMIT FEE \$ PLUMBING PERMIT FEE \$ MECHANICAL PERMIT FEE \$ SPECIAL INSPECTION FEE \$ RURAL ADDRESSING FEE \$ FLOOD PLAIN FEE (\$) \$ INSPECTION FEE x \$ OTHER <i>Demo</i> \$ <i>0</i> TOTAL \$			
ZONE FR. YD RR. YD R-S YD L-S YD	A/P/N <i>207-26-034</i>	SITE NOTES:					
APPROVED BY P&Z _____ DATE _____ APPROVED F.P. _____ DATE _____							
OCCUPANCY _____ LENGTH _____ WIDTH _____ HEIGHT _____ NO FLRS _____							
DWLG. AREA _____ GARAGE AREA _____ ACC. AREA _____ NO. BDRMS _____							
APPROVED BLDG: _____ DATE: <i>12/5/14</i>							

COMMENTS:

NOV 16 2016



BY: *YH*

PERMIT # 2016-231

APACHE COUNTY BUILDING SAFETY DEPARTMENT
P.O. Box 238
St. Johns, AZ 85936
(928) 337-7527
PERMIT APPLICATION

PERMIT APPLIED FOR <input checked="" type="checkbox"/> NEW CONST. <input type="checkbox"/> ADDITION <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS <input type="checkbox"/> MECHANICAL <input type="checkbox"/> MANUFACTURED HOME YEAR <input type="checkbox"/> REMODEL <input type="checkbox"/> SOLAR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> PLUMBING	OWNER NAME:	KTNN Radio Station dba Native Broadcast Enterprise	
	ADDRESS:	P.O. Box 2569	
	CITY	STATE	ZIP
	Window Rock	AZ	86515
Contact Person: Jim Lewis	CONTRACTOR NAME:	M. Greenberg Construction, Inc.	
PHONE #: 602-956-0112	ADDRESS:	225 E. Germann Road, Ste. 201	
E-mail Address: <i>jl@greenberg-construction.com</i>	TELEPHONE #	602-956-0112	
JOB ADDRESS: Highway 264, St. Michaels, AZ 86505	CITY	STATE	ZIP
PARCELID# 209-27-178	Gilbert	AZ	85297
WORK TO BE DONE: New 7,375 SF metal stud framing, single-story media center.	AZ LICENSE NO.	CLASS	
	72213	B-1	

NO. OF BLDGS:	PROPOSED USE:	UTILITY INFO: LIST SOURCE OF:
One (1)	Media Center	N/A
		WATER <input checked="" type="checkbox"/> SEWER <input checked="" type="checkbox"/>
		ELECT <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>

PROVISION: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Building Official is authorized to grant, in writing, one (1) or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated. (IRC R105.5) Work is considered to be abandoned if it has not had a "passed" inspection in the past 180 days.

I hereby certify that I am the owner or duly authorized owner's agent, that I have read this application and that all information is correct. I further certify that I have read, understand and will comply with all the provisions outlined herein.

DATE X 11/16/16 SIGNATURE *Don Blich*



HEALTH DEPARTMENT REVIEW: Waste Disposal System required? YES NO

Signature: _____ DATE: _____

ZONE	A.P.N.	SITE NOTES:	
	209-27-178		
FR. YD.	RR. YD.	R-S YD.	L-S YD.

OWLG AREA	S.F.	@	\$
GARAGE	S.F.	@	\$
ACCESSORY	S.F.	@	\$
TOTAL VALUATION			\$ 5,38,001.06
BUILDING FEE			\$
PLAN REVIEW			\$
MANUFACTURED HOUSING			\$
INVESTIGATION FEE			\$
ELECTRICAL PERMIT FEE			\$
PLUMBING PERMIT FEE			\$
MECHANICAL PERMIT FEE			\$
SPECIAL INSPECTION FEE			\$
RURAL ADDRESSING FEE			\$
FLOOD PLAIN FEE (S)			\$
INSPECTION FEE x			\$
OTHER			\$
TOTAL			\$3,559.50

APPROVED BY P&Z: _____ DATE: _____ APPROVED F.P.: _____ DATE: _____

APPROVED BLDG:	DATE:
<i>Gregory A. Brown</i>	11/30/2016

COMMENTS:

Approved Plans & Permit must be on site for all inspections.
 Address must be posted R319.1

7/1/2015