

Mailing Address: DEPARTMENT NAME P.O. Box 7000, Kingman, AZ 86402-7000

**Mohave County
Permit Application Worksheet
Non-Residential**

Date 8/31/17

Project #

Permit # BLD-2017-1854



PLOT PLANS MUST BE NO LARGER THAN 8 1/2" X 11"

NOTE: Shaded areas are for county use only.

C.O.U.

1. Type of Improvement: Restaurant - Smokehouse
2. Applicant's name: Laura Cleland
- Mailing address: 30205 Elanor Blvd Po Box 95
- City: Meridian State: Arizona Zip: 86444
- 2A. Contact Name: Laura Cleland Email:
- Fax Number:
3. Property Owners Name: Yfricities LLC - Laura Cleland
- Mailing Address: 2650 W. Highway 114 Drive Lot 31
- City: Phoenix State: Arizona Zip: 85027
- Fax Number: Email: lauracleland@yfricities.com
4. SITE LOCATION ADDRESS: 305 E Bradley Bay Drive
- House No Street Dir Street Name
5. Legal Description:
- Assessor Parcel Number: 343-21-159-2 Parent Parcel ☒ Yes
- Subdivision Name: North Meridian City Corner Lot ☐ Yes
- Unit/Tract/Block/Lot: - 1147 - Meridian Chase 100
- Township/Range/Section: 30N - 17W R2 - 12
6. Plot Plan Drawing (see instructions on plot plan form) Cont Acres .90

Old Business -
Church's Country
Store

Public Works, Flood Control Division

7. Is there an existing structure? ☒ YES ☐ NO
- 7A. Previous PFI# Previous FUP#

FLOOD \$

Environmental Health Division

8. Is this an existing system? ☒ YES ☐ NO
- 8A. Is this a Conventional Septic? ☐ YES ☐ NO, Alternative System? ☐ YES ☐ NO
9. Septic Tank Size: 1000 gal Manufacturer
10. Septic Contractor License #
- Or Owner / Builder: ☐ YES ☐ NO
11. Water Source:

Number of bedrooms:

Number of fixture units:

Planning & Zoning Division

12. Zoning B2/100M
13. Mobile Home Information:
- Make: Size: of beds: Year:
- State # HUD #
- Mobile Home Installer Name:
- License # Address:
- Phone:
14. Water Source:
15. Sanitation: ☐ Sewer ☒ Septic (Septic Permit # SP92-000180)
16. Contractor Information (Names & License #'s)
- General Contractor License #
- Electrical Contractor License #
- Plumbing Contractor License #
- Mechanical Contractor License #
17. GRADING PERMIT Material amount (cubic yards)?
18. Bond Exemption:

ZONING \$

BLDG \$

P/C \$

AUTOMATION
FEE \$

OTHER \$

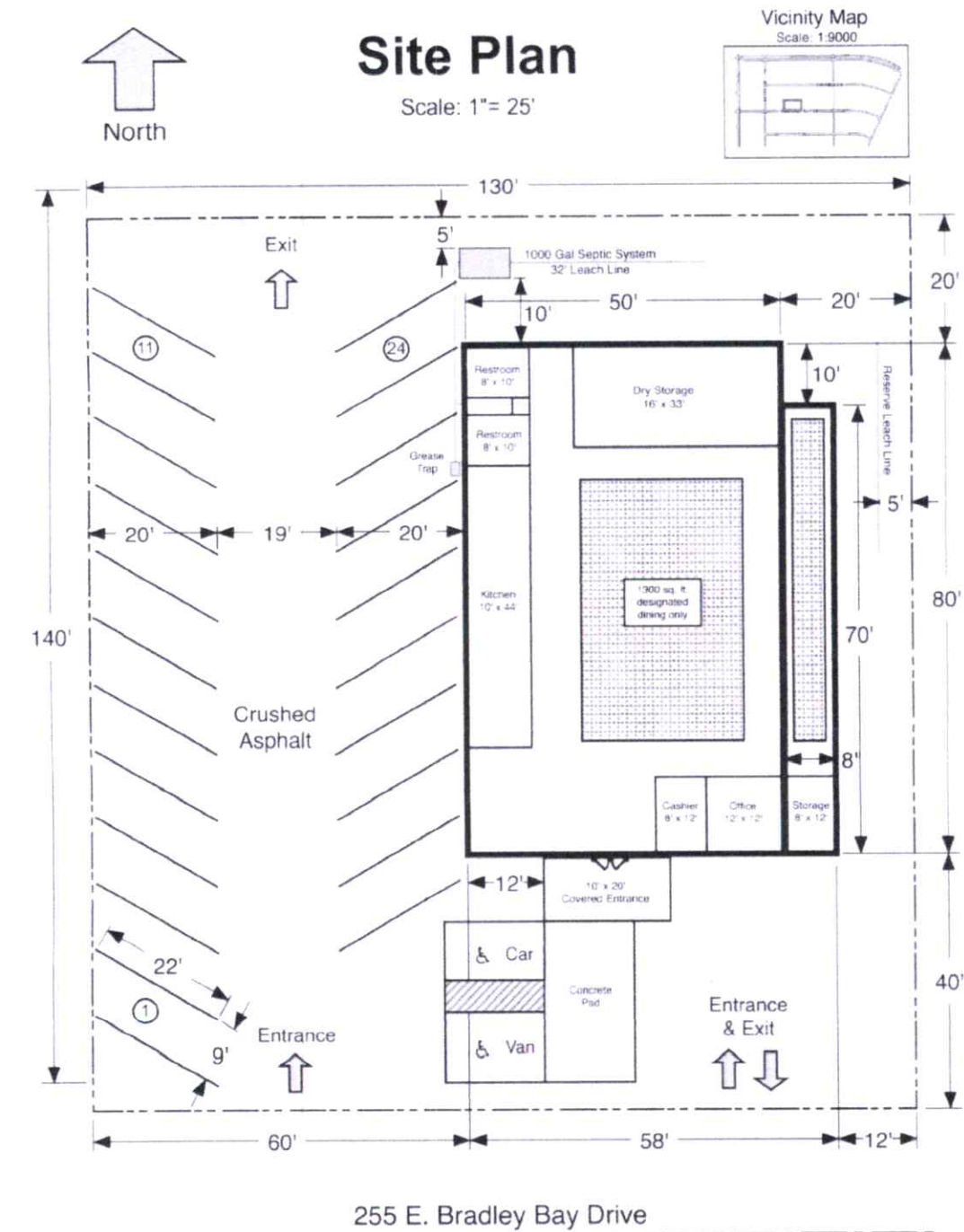
SUB-TOTAL \$

Dep. TOTAL \$ <125->

BAL DUE \$

Note: Must provide construction drawings with Development Services application (Residential - 2 complete sets)

BLD. 2017-1854



Legal Description

T 30N R 17W Sec 12
Meadview Tract 1197
Lots 158 & 159
Parcel 343-21-159A

Commercial Change of Use or Occupant permits

Check off list:

- ☒ Use Non-Residential permit application
- ☒ Copy of Lease agreement *N/A*
- ☐ Need to know what old business was - *Church's country store*
- ☐ Need exact name of new business - *Anchor Smokehouse*
- ☐ How many Employees? -
- ☐ How many customers at any one given time? -
- ☒ Floor plan (interior of building) including baths (If making changes we need old and new floor plan)
 - ❖ Need location of all doors and windows
 - ❖ This must include location of serving counter, customer tables and all appliances
- ☒ Fire Marshal (applicant to fax form to Fire District) - *County is F.D.*
- ☐ Fixture Count (If on septic)
- ☒ Name and Business type of all business's in building and what suite number their in.
- ☒ Picture or detail of all Business signs on buildings attached and detached from building.
- ☒ Approved Site Plan (Parking spots & location of Handicap spaces must be shown)
 - ❖ Must contact Scott Holtry for requirements 928-753-0903 Ext 5814 *NOT Reg'd pers.H.*
- ☒ Detailed scope of work is require for any changes
 - ❖ If your adding or removing counter tops, doors or walls
 - ❖ Adding refrigerators, sinks, stoves, hoods
 - ❖ Adding or removing electrical or plumbing fixtures



Mohave County

☐ Residential ☒ Commercial

Development Services
PO Box 7000, Kingman AZ 86402-7000
Building Permit Application

Date Received 10/9/20 Email

Permit # BD-2020-02432

Parcel Size .90 C2/10M

Property Information

Assessor Parcel Number 343-21-160A

Site Address 165 E Bradley Bay DR

Water Source: ☒ Public ☐ Well ☐ Water-Haul Sanitation: ☐ Sewer ☒ Septic Permit # DBS-2018-00610

Property Owner

Name YTRICITIES LLC Email _____

Phone 480-338-7563 Mailing Address PO Box 242 Mendocino AZ 86444

Signature (Owner) [Signature]

General Contractor (If Owner-Builder check here ☐ and leave this section blank)

Name Mohave Rancho Lumber Email MOHAVE.RANCHO@HOTMAIL.COM

Phone 928-767-3339 AZ ROC License # 252832

Mailing Address 14500 N. PIERCE FERRY RD DOLAN SPRINGS AZ 86441

Other Contractors

Electrician name ROMAR ELECTRIC AZ ROC License # 181591 CR11

Plumber name _____ AZ ROC License # _____

Mechanical name _____ AZ ROC License # _____

Applicant

☐ Owner ☒ Contractor ☐ Other - must provide letter of permission from owner and complete below

Name Mohave Rancho Lumber Email MOHAVE.RANCHO@HOTMAIL.COM

Phone 928-767-3339 Mailing Address 14500 N PIERCE FERRY RD DOLAN SPRINGS

Signature (Applicant) [Signature]

Improvement

- ☒ Electrical (amp service 200) ☐ Gas Line ☐ HVAC ☐ Plumbing ☐ Re-Roof (Layers _____)
- ☐ New ☐ Addition ☐ Alteration ☐ Demolition ☐ Retaining or Block Wall (Linear Feet _____)
- ☐ Solar ☐ Swimming Pool (Surface Area _____)
- ☐ Detached Accessory Structure (Size _____) ☐ Attached Accessory Structure (Size _____)
- ☐ Recreational Vehicle Year _____ Make/Model _____ VIN _____
- ☐ Manufactured Home (must include State Permit Application) ☐ Factory Built Building
- ☐ Sign ☐ Change of Use/Occupancy ☐ Cell Tower ☐ Grading (list cubic yards _____)
- ☐ Other _____
- ☐ Grading (Cubic Yards ☐ Cut _____ ☐ Fill _____)

Required Attachments

- ☐ Flood Plain Information (PFI)
☐ 8.5" x 11" Plot Plan
☐ 2 Sets Construction Drawings

Deposit Amount \$ 106.28

PD
ACT
G-CK



MOHAVE COUNTY DEVELOPMENT SERVICES

BUILDING DIVISION

Mailing Address: P.O. Box 7000, Kingman, Arizona 86402-7000

3250 E. Kino Avenue, Kingman, AZ 86409
Phone: (928) 757-0903 Fax: (928) 757-3577

1130 E. Hancock Rd., Bullhead City, AZ 86442
Phone: (928) 758-0707 Fax: (928) 763-0870

700 N. Hwy. 91, Bldg. B, Beaver Dam, AZ. 86432
Phone: (928) 347-4904 Fax: (928) 347-4905

Timothy M. Walsh, Jr., P.E.
Department Director

www.mohavecounty.us

Gilbert Smaby
Chief Building Official

BUILDING PERMIT

BLD-2020-02432

PERMIT NUMBER

LEGAL: T30N., R17W., SEC 12 MEADVIEW CITY CENTER TRACT 1197 LOTS 159 & 160 CONT 39,000 SQFT (0.9AC) 343-21-159A, 160(343-21-158A, 160A) TY 2019

ADDRESS: 165 BRADLEY BAY DR MEADVIEW, AZ

ASSESSOR PARCEL #: 343-21-160A

ZONING: C2/10M

Applicant: MOHAVE RANCHO LUMBER

Mail to: 14500 N PIERCE FERRY RD DOLAN SPRINGS, AZ

Phone: 9287672229

Owner: YTRICITIES LLC

Phone:

TYPE OF IMPROVEMENT: 200 AMP ELEC

CONTRACTORS:

Contractor Type: Contractor

License #: 181591

Business Name:

Contractor Name: ROMAR ELEC

Address: KINGMAN, AZ

Phone 1:

Phone 2:

Fax:

Email:

ENVIRONMENTAL HEALTH DIVISION

Septic Permit #: EQS-2018-00610

FLOOD CONTROL DIVISION

PFI #:

FUP#:

I UNDERSTAND THAT THE RECEIPT OF THIS APPLICATION BY MOHAVE COUNTY DEVELOPMENT SERVICES DOES NOT IMPLY APPROVAL, AND THAT THE PROPOSED IMPROVEMENT(S) WILL COMPLY WITH THE MOHAVE COUNTY ZONING ORDINANCE AND ALL APPLICABLE BUILDING CODES.

X

Signed

Counter

Date

10/9/20



MOHAVE COUNTY DEVELOPMENT SERVICES

BUILDING DIVISION

Mailing Address: P.O. Box 7000, Kingman, Arizona 86402-7000

3250 E. Kino Avenue, Kingman, AZ 86409
Phone: (928) 757-0903 Fax: (928) 757-3577

1130 E. Hancock Rd., Bullhead City, AZ 86442
Phone: (928) 758-0707 Fax: (928) 763-0870

700 N. Hwy. 91, Bldg. B, Beaver Dam, AZ. 86432
Phone: (928) 347-4904 Fax: (928) 347-4905

Timothy M. Walsh, Jr., P.E.
Department Director

www.mohavecounty.us

Gilbert Smaby
Chief Building Official

Expiration of the Building Permit shall comply with Section 105.5 of the International Building Code: "Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced".

1. Any structure built within 1 foot of the minimum setback is subject to a request by the building inspector for a survey. Two copies of the survey are to be turned into the building department; one copy is to be an original wet stamp by an Arizona registered Land Surveyor and the second may be a copy. If requested, the survey needs to be current.
2. All structures are required to have a string line run for measurement.

REQUIRED CONDITIONS (if any)

DATE APPLIED:

DATE APPROVED:

Date Issued:

10/9/20



MOHAVE COUNTY DEVELOPMENT SERVICES

BUILDING DIVISION

Mailing Address: P.O. Box 7000, Kingman, Arizona 86402-7000

3250 E. Kino Avenue, Kingman, AZ 86409
Phone: (928) 757-0903 Fax: (928) 757-3577

1130 E. Hancock Rd., Bullhead City, AZ 86442
Phone: (928) 758-0707 Fax: (928) 763-0870

700 N. Hwy. 91, Bldg. B, Beaver Dam, AZ. 86432
Phone: (928) 347-4904 Fax: (928) 347-4905

Timothy M. Walsh, Jr., P.E.
Department Director

www.mohavecounty.us

Gilbert Smaby
Chief Building Official

Required Inspections

Date		Inspection Type			Status	
Fees			Payments			
Discription	Amount	Status	Date	Amount	Payment Type	
BLD Automation Fee	\$35.43	INVOICED	10/9/2020	\$106.28	Check	
Electrical Permit Issuance Fee	\$39.00	INVOICED		Total Payments	\$106.28	
Services of 600 volts and less and not over 200 ampreses in rating, each	\$31.85	INVOICED				
Total Fees	\$106.28					
	Balance Due			\$0.00		

PLOT PLAN

Mohave County Permits System

INDICATE NORTH - USE STRAIGHT EDGE
INDICATE ALL LOT DIMENSIONS & SETBACKS
INDICATE ALL EASEMENTS

INDICATE LOCATION OF SEPTIC & DISTANCE FROM STRUCTURES



Project # _____

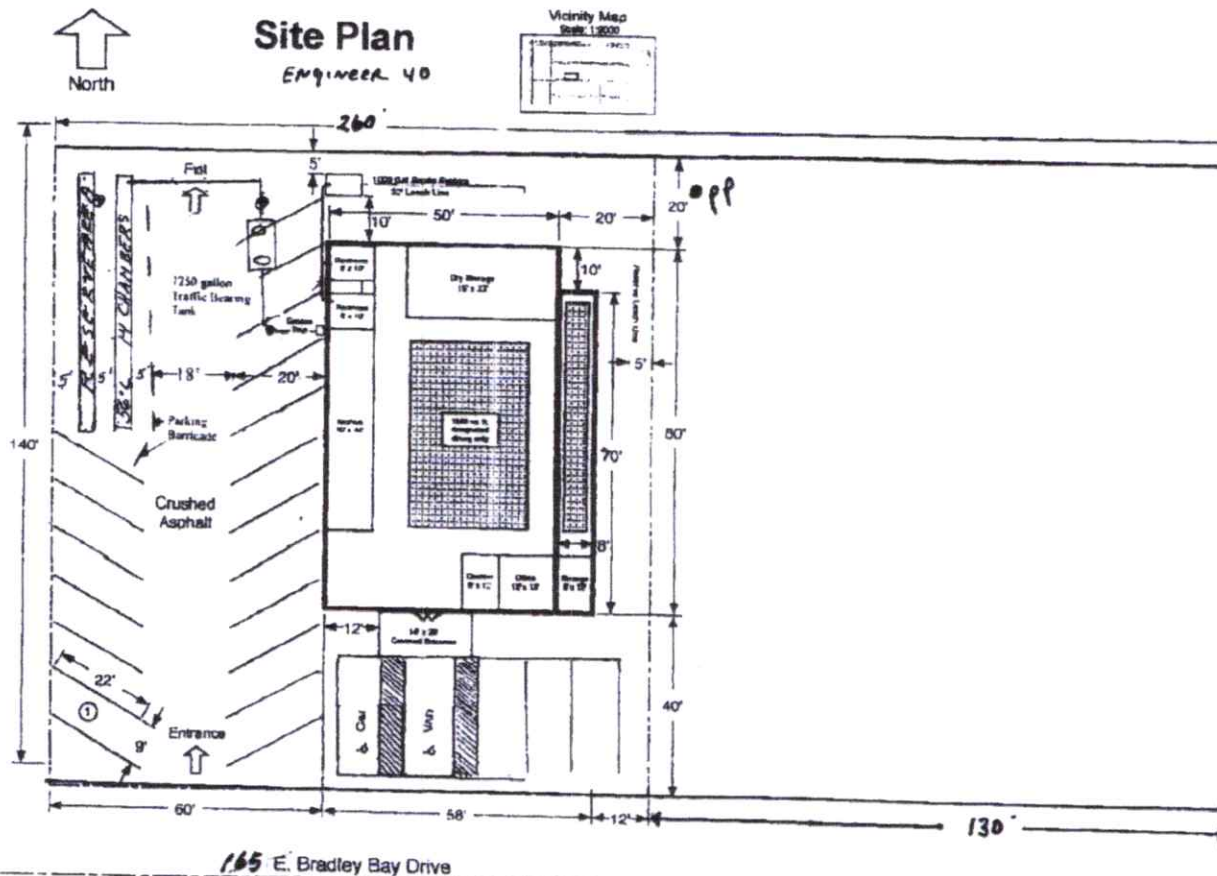
PFI # _____

FUP # _____

Zoning Permit # _____

Building Permit # BLD 2020 024302

LOT REAR



Legal Description

T 30N R 17W Sec 12
Meadview Tract 1197
Lot 160
Parcel 343-21-160

LOT FRONT

STREET 165 E. Bradley Bay DR ADDRESS: _____

SUBDIVISION: MEADVIEW CITY CENTER

UNIT: _____ TRACT: 1197 BLOCK: _____ LOT: 159 & 160

ASSESSORS PARCEL # 343-21-160A

SIGNATURE OF PROPERTY OWNER OR INSTALLER

Paul Lee

Mailing Address: DEPARTMENT NAME P.O. Box 7000, Kingman, AZ 86402-7000

Drop off SH

Mohave County
Permit Application Worksheet
Residential

Date 11/25/19

Project # _____

BLD. 2019-02646
Permit # _____



Anchor Smokehouse PLOT PLANS MUST BE NO LARGER THAN 8 1/2" X 11"
NOTE: Shaded areas are for county use only.

1. Type of Improvement: 15' x 18' kitchen / triple sink, Hand Level
2. Applicant's name: Laura Cleland
Mailing address: 551165 E Bradley Bay Drive
City: Meadview State: AZ Zip: 86444
2A. Contact Name: Laura Cleland PHONE: 480-263-1874
Fax Number: _____ Email: anchor.smokehouse@gmail.com
3. Property Owners Name: 4tracities LLC / Laura Cleland
Mailing Address: P.O. Box 95
City: Meadview State: AZ Zip: 86444
Fax Number: _____ Email: _____
4. SITE LOCATION ADDRESS: 165 E Bradley Bay Drive
House No Street Dir Street Name:
5. Legal Description:
Assessor Parcel Number: 343-21-160A Parent Parcel: ☐ Yes
Subdivision Name: Meadview City Center Corner Lot: ☐ Yes
Unit/Tract/Block/Lot: - 1197 -
Township/Range/Section: 30N - 17W - 12
6. Plot Plan Drawing (see instructions on plot plan form) Cont. .90 Acres

Job cost
\$600

Public Works, Flood Control Division

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

FLOOD \$ _____

Environmental Health Division

8. Is this an existing system? ☒ YES ☐ NO
8A. Is this a Conventional Septic? ☒ YES ☐ NO, Alternative System? ☐ YES ☐ NO
9. Septic Tank Size: _____ Manufacturer: _____
10. Septic Contractor: _____ License #: _____
Or Owner / Builder: ☐ YES ☐ NO
11. Water Source: City

Number of bedrooms: _____

Number of fixture units: _____

Planning & Zoning Division

12. Zoning: C2/16m
13. Mobile Home or Recreational Vehicle Information:
Make: _____ Size: _____ of beds: _____ Year: _____
State #: _____ HUD or VIN: _____
Mobile Home Installer Name: _____
License #: _____ Address: ext. restaurant
Phone: _____
14. Water Source: _____
15. Sanitation: ☐ Sewer ☒ Septic [Septic Permit #: 2018-00610]
16. Contractor Information (Names & License #'s)
- General Contractor: _____ License #: _____
- Electrical Contractor: _____ License #: _____
- Plumbing Contractor: J+I Plumbing License #: 097823
- Mechanical Contractor: _____ License #: _____
17. GRADING PERMIT: Material amount (cubic yards)? _____
18. Bond Exemption: _____

ZONING \$ _____

BLDG \$ _____

P/C \$ _____

AUTOMATION
FEE \$ _____

OTHER \$ _____

SUBTOTAL \$ _____

DEPOSIT <\$ 90.00>
pd. cash

BAL DUE \$ _____

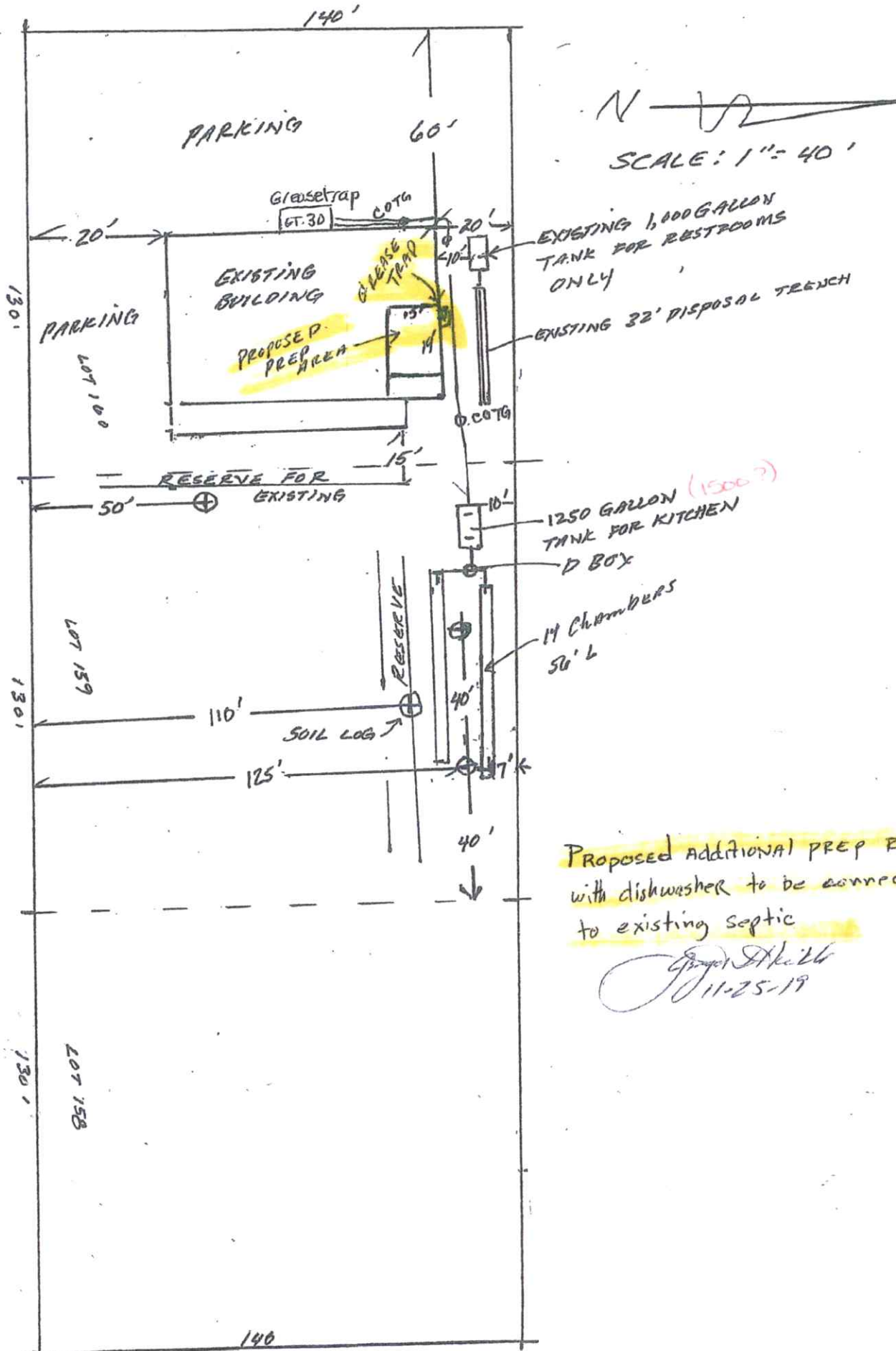
Trust for

Note: Must provide construction drawings for Development Services application (Residential - 2 complete sets)

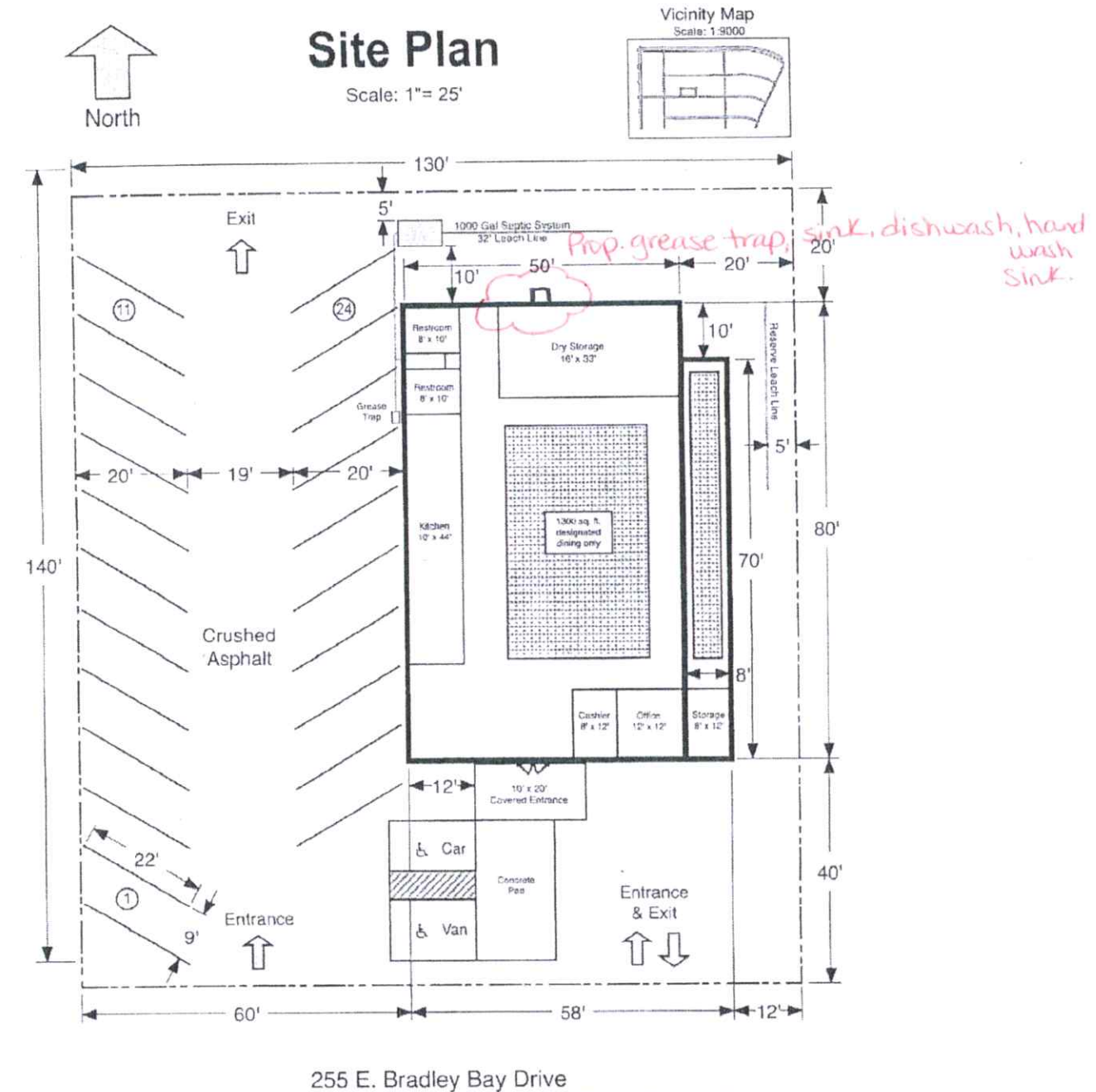
343-21-160 & 159 A COMBINED

BLD: 2019-02644

BRADLEY BAY DRIVE



BLD. 2019-02646



Legal Description

T 30N R 17W Sec 12
Meadview Tract 1197
Lots 158 & 159
Parcel 343-21-159A

BLD. 2019-02646

FIXTURE COUNT CALCULATION CHART

Use the fixture count chart below to determine the total number of fixture units in the home. Check the corresponding box on the system design flow chart based on your fixture count or number of bedrooms *whichever is greater*. The box that is checked is the row where you'll find your minimum tank size and system design flow. Enter the information at the bottom of the page, and submit this form with your application.

Residential Fixture Type	Existing # Fixtures	Proposed # Fixtures	Multiply by	Fixture Units	Equals	Total # PROPOSED Fixtures
Bathtub			X	2	=	
Bidet			X	2	=	
Dishwasher, service		1	X	2	=	2
Clothes washer			X	2	=	
Utility tub or sink separate from clothes washer			X	2	=	
Sink, kitchen (with or without dishwasher)	1		X	2	= 2	2
Shower, single staff			X	2	=	
Sink, bar	2	1	X	1	= 2	3
Sink, service	1	1	X	3	= 3	6
Lavatory, single or double	2		X	1	= 2	2
*Toilet, 1.6 gallons per flush (gpf)	2		X	3	= 2	6
*Toilet, 1.6 - 3.2 gpf			X	4	=	
*Toilet >3.2 gpf			X	6	=	
FIXTURE COUNT TOTAL					= 4	21
Physical # Bedrooms					=	0

*Toilets currently available in Arizona are 1.6 gallons per flush. Older fixtures may not use the same amount of gallons per flush.

SYSTEM DESIGN FLOW CHART

✓	No. of Bedrooms	Fixture Count	Minimum Tank Size (gallons)	System Design Flow (gpd)
<input type="checkbox"/>	1	7 or less	1000	150
<input type="checkbox"/>		More than 7	1000	300
<input type="checkbox"/>	2	14 or less	1000	300
<input type="checkbox"/>		More than 14	1000	450
<input type="checkbox"/>	3	21 or less	1000	450
<input type="checkbox"/>		More than 21	1250	600
<input type="checkbox"/>	4	28 or less	1250	600
<input type="checkbox"/>		More than 28	1500	750
<input type="checkbox"/>	5	35 or less	1500	750
<input type="checkbox"/>		More than 35	2000	900
<input type="checkbox"/>	6	42 or less	2000	900
<input type="checkbox"/>		More than 42	2500	1050
<input type="checkbox"/>	7	49 or less	2500	1050
<input type="checkbox"/>		More than 49	3000	1200
<input type="checkbox"/>	8	56 or less	3000	1200
<input type="checkbox"/>		More than 56	3000	1350

NOTE: For a single residence with more than 7 bedrooms, use R18-9-A314 (D) (2) as the basis for determining minimum septic tank size and system design flow.

Mailing Address: DEPARTMENT NAME P.O. Box 7000, Kingman, AZ 86402-7000

Mohave County
Permit Application Worksheet
Non-Residential

Date: 8-8-18

Project #

Permit # BLD-2018-1744



PLOT PLANS MUST BE NO LARGER THAN 8 1/2" X 11"

NOTE: Shaded areas are for county use only.

1. Type of Improvement: C.O.U. w/ Tenant Improvements - New Anchor Smokehouse
2. Applicant's name: Laura Cleland
Mailing address: PO Box 45
City: Meadview State: AZ Zip: 86444
2A. Contact Name: Laura Cleland PHONE: 480 263 1874
Fax Number: _____ Email: _____
3. Property Owners Name: Robert & Laura Hansen
Mailing Address: PO Box 45
City: Meadview State: AZ Zip: 86444
Fax Number: _____ Email: _____
4. SITE LOCATION ADDRESS: 255 E Bradley Bay DR
House No Street Dir Street Name:
5. Legal Description:
Assessor Parcel Number: 343-21-159A Parent Parcel: ☐ Yes
Subdivision Name: Meadview City Center Corner Lot: ☐ Yes
Unit/Tract/Block/Lot: 1497 -- 160
Township/Range/Section: 30 -- 17 -- 12
6. Plot Plan Drawing (see instructions on plot plan form) Cont Acres .90

Old Church's Country Store

Need Commercial Contractor Info

Public Works, Flood Control Division

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

FLOOD \$ _____

Environmental Health Division

8. Is this an existing system? ☒ YES ☐ NO
8A. Is this a Conventional Septic? ☒ YES ☐ NO, Alternative System? ☐ YES ☐ NO
9. Septic Tank Size: _____ Manufacturer: _____
10. Septic Contractor: _____ License #: _____
Or Owner / Builder: ☐ YES ☐ NO
11. Water Source: _____

Number of bedrooms: _____

Number of fixture units: _____

Planning & Zoning Division

12. Zoning: C210M
13. Mobile Home Information:
Make: _____ Size: _____ of beds: _____ Year: _____
State #: _____ HUD #: _____
Mobile Home Installer Name: EXT. COMM'L Bldg
License #: _____ Address: _____
Phone: _____
14. Water Source: _____
15. Sanitation: ☐ Sewer ☒ Septic [Septic Permit #: 292-000180]
16. Contractor Information (Names & License #'s)
- General Contractor: _____ License #: _____
- Electrical Contractor: _____ License #: _____
- Plumbing Contractor: _____ License #: _____
- Mechanical Contractor: _____ License #: _____
17. GRADING PERMIT: Material amount (cubic yards)? _____
18. Bond Exemption: _____

ZONING \$ _____

BLDG \$ _____

P/C \$ _____

AUTOMATION
FEE \$ _____

OTHER \$ _____

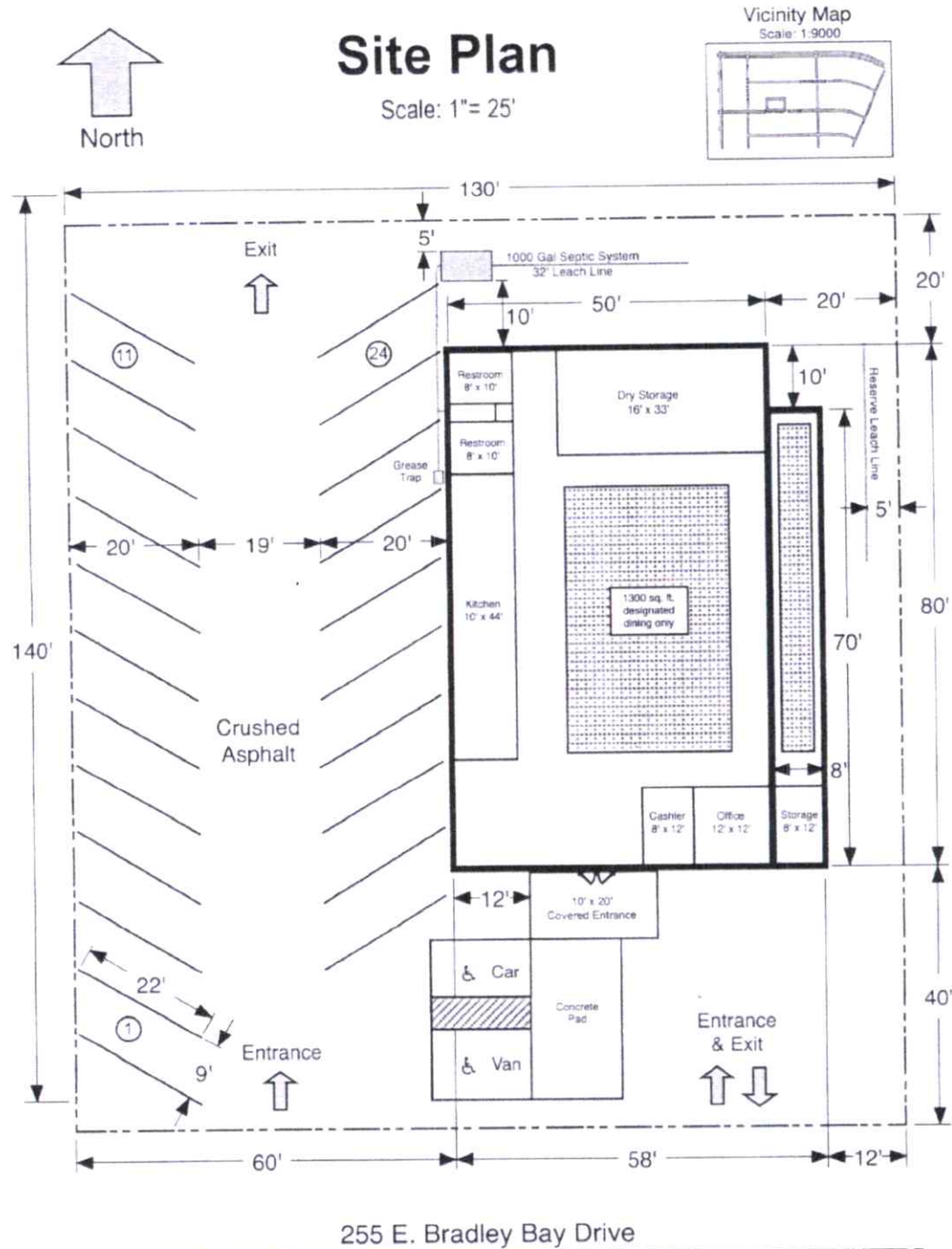
SUB-TOTAL \$ _____

TOTAL \$ _____

BAL DUE \$ _____

Note: Must provide construction drawings with Development Services application (Residential - 2 complete sets)

BLD-2018-1744



Legal Description

T 30N R 17W Sec 12
Meadview Tract 1197
Lots 158 & 159
Parcel 343-21-159A

BLD. 2018-1744

Scope of Work for Anchor Smoke house

APN 343-21-159A

255 w Bradley Bay Drive

Meadview, AZ 86444

Restrooms and broom closet to remain the same.

Drains to be installed as per drawing

20 lb. grease trap to be installed outside in location on drawing.

Construct 8x8 pony wall to be constructed to create area for mop sink and hand sink

Build 4'x 4x 22 ft bar

Build 8x10 wall to close off opening.

Install gas for stove.

Install the following appliances: see drawing for detail and all pictures

Install mop sink

Install wash sink

Stainless shelving

Install hand wash sink

Install triple sink with stainless shelves on both sides

Install coffee maker

Install 2 reach in freezers- single phase

Install 6 burner with griddle stove-Gas

Install Vent and Hood to specs

Install reach in refrigerator- single phase

Install Commercial air fryer-30 amp breaker

Install 220 plugs for Air Fryer

Commercial Change of Use or Occupant permits

Check off list:

- ☒ Use Non-Residential permit application
- ☒ Copy of Lease agreement *N/A*
- ☐ Need to know what old business was - *Church's country store*
- ☐ Need exact name of new business - *Anchor Smokehouse*
- ☐ How many Employees? -
- ☐ How many customers at any one given time? -
- ☒ Floor plan (interior of building) including baths (If making changes we need old and new floor plan)
 - ❖ Need location of all doors and windows
 - ❖ This must include location of serving counter, customer tables and all appliances
- ☒ Fire Marshal (applicant to fax form to Fire District) - *County is F.D.*
- ☐ Fixture Count (If on septic)
- ☒ Name and Business type of all business's in building and what suite number their in.
- ☒ Picture or detail of all Business signs on buildings attached and detached from building.
- ☒ Approved Site Plan (Parking spots & location of Handicap spaces must be shown)
 - ❖ Must contact Scott Holtry for requirements 928-753-0903 Ext 5814 *NOT legal pers.H.*
- ☒ Detailed scope of work is require for any changes
 - ❖ If your adding or removing counter tops, doors or walls
 - ❖ Adding refrigerators, sinks, stoves, hoods
 - ❖ Adding or removing electrical or plumbing fixtures