



Cochise County Development Services Joint Permit Application

1415 Melody Ln – Bldg F, Bisbee, AZ 85603 (520)432-9300 Fax (520)432-9278 www.cochise.az.gov

PLEASE COMPLETE PARTS A-D BELOW

PART A: DESCRIPTION OF PROPERTY

Tax Parcel _____

Site Location/Address: _____ City/State/Zip: _____

Property Owner/Applicant Name: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

PART B: PROPOSED PROJECT:

Square feet: _____ Height: _____ Estimated Value of Proposed Project: \$ _____

PART C: HEALTH SERVICES SECTION Sewer ☐ Septic System: ☐ IF SEPTIC SYSTEM: New ☐ Existing: ☐

PART D: 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, City and 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: _____

County Assigned Address: _____ Zoning _____

Construction Plans: Yes ☐ No ☐ SV Sub-Watershed ☐ Hubbard Zone ☐ BST ☐ Tombstone Aq ☐

Owner Builder: Limited ☐ Non-Code ☐ Flood Zone _____ Flood Panel _____ Panel Date: _____

Permit Type	Permit #	Fee	Date Rec'd	Description
Bldg Code				
Bldg Code				
Non-Bldg Code				
MFH/FBB				
Health				
ROW				
FPUP				
Other/Surcharge				

Total \$ _____

Permit Tech Approved: _____

In Accordance with A.R.S. Title 32

I am currently a licensed contractor:

Contractor Name: _____

Doing Business As: _____

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

Contractor's Signature: _____ Date: _____

Title: _____

I am an Owner/Builder:

Owner/Builder Name: _____

Owner/Builder Address: _____

Owner/Builder Signature: _____ Date: _____

EXEMPTION FROM LICENSING

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

☐ I am the Owner/Builder of the property. I will follow in strict compliance with 32-1121A.5. The property is intended for sole occupancy by the owner, not intended for occupancy by members of the public, owner's employees or business visitors. The structures are **NOT INTENDED FOR SALE OR RENT WITHIN 1 YEAR AFTER COMPLETION.**

☐ I am the Owner/Developer of the property. I will follow in strict compliance with 32-1121A.6. I will contract with a General Contractor licensed pursuant to this chapter. To qualify for this exemption, all licensed contractors' names and license numbers working on this project shall be included on this application and contained within all sales documents.

☐ Other Exemption: _____

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

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

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

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

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

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

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

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

PRINT FULL NAME AND ADDRESS:

Signature: _____ Date: _____

Residential Permit Application Instructions And Intake Checklist

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

- ☐ Joint Permit Application: complete left side of application and sign
- ☐ Proof of Valid Contractor's Form: complete and sign
- ☐ Sewage System Design Checklist
- ☐ Complete site plan: Clearly and legibly include all information on Site Plan Instructions (attached)
- ☐ If addition, please include floor plan (existing structure & proposed addition)
- ☐ If new residence, a lighting plan and a completed lighting worksheet
- ☐ If a manufactured or mobile home, a completed supplemental application form for manufactured and mobile home, and OMH flood procedures if parcel in a flood zone
- ☐ Sierra Vista Sub-watershed Water Conservation Overlay Zone Permit Checklist
- ☐ Construction plans: two sets are required.
- ☐ Construction plan checklist completed by applicant.
- ☐ Truss calculations: two sets (if applicable).
- ☐ Written assurance from provider of sewer & water utilities for uses on community water & sewer systems submitted
- ☐ Parcel in the military airport and ancillary military facility's operation area which requires compatibility review pursuant to ARS 28-8481
- ☐ Fees: _____
- ☐ Additional submittal requirements: _____
- ☐ If parcel RU-4, 4 or more acres and owned by applicant, does applicant want to opt-out of building code inspections? Y ☐ or N ☐ or N/A ☐
- ☐ Check New World for approval of Agricultural Status, Legal Nonconformances, Lot Modifications and other items.
- ☐ Tombstone Aqueduct located on parcel? Y ☐ or N ☐ If yes, emailed to Tombstone on _____
- ☐ Scan MH Form into New World

Applications can be submitted to the following Cochise County Community Development, Development Services Department Offices:

Bisbee – Main Office
1415 Melody Lane, Building F
Bisbee, Arizona 85603
(520) 432-9300

Benson Service Center - Satellite Office
126 W 5th Street
Benson, Arizona 85602
520-432-9300
By appointment only

☐ **Check – ROW (if applicable), flood zone, and zoning**

FOR STAFF USE ONLY: _____
Accepted by _____ Date _____

Residential Site Plan Instructions

Draw site plan on 8½" x 11" paper. For all items, note whether existing (e) or proposed (p).

NOTE: The site plan must be complete and clearly legible.

Construction plans minimum preferred size 24"x36" (Scaled) NOTE: The plans must be clearly legible.

If a new septic system is proposed, the site plan must be prepared by a Certified Septic System Site Evaluator. Contact Cochise County Development Services Department, (520) 432-9300 if you have questions or need assistance with your application.

Required for all residential permit applications

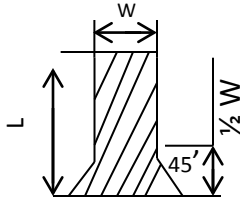
- ☐ Tax parcel ID number, north arrow and scale (if a scale is used)
- ☐ Property lines and all dimensions (from Assessors' Parcel map) – include entire parcel
- ☐ If parcel is a new split, show parent parcel and your parcel's location – with dimensions
- ☐ All easements – label type (road right of way,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

Required if applicable to your project

- ☐ If outdoor lighting is proposed, location, fixture type (such as 18-watt fluorescent, 75-watt incandescent, 250-watt low pressure sodium, etc.), shielding, and height of fixture
- ☐ If a new residence, a completed Lighting Worksheet is required
- ☐ If a mobile or manufactured home, show location and type of all accessories such as decks, awnings, skirting, etc. Construction plans and State approval are required for accessory structures
 - Block-skirting/Pumcrete state pre-approved plans may be used if not in a flood zone
 - Stone, Vinyl and Dura skirt do not need to submit plans if not in a flood zone
- ☐ If MH in a flood zone, follow OMH flood procedures (new installations only)
- ☐ If a solid fence or wall is proposed, distance from road surface (travelway) of all adjoining roads, speed limit of road (if posted) and distance to driveways on neighboring parcels within 20 feet of proposed wall
- ☐ If barn or shed is proposed, note if for animals, storage, or other use
- ☐ If a pool is proposed, pool size, location, setbacks to property lines; pool enclosure location, type, height. Type of pool cover_____. Required by 1820.01A of zoning regulations.
- ☐ If clearing (removing vegetation by scraping the land) more than 1 acre, show dimensions of area to be cleared, and proposed dust and erosion control measures
- ☐ If **new** SFR (site built only) on construction plans show the "Gray Water Plumbing" and "Hot Water on Demand" as required per Sierra Vista Sub-watershed Water Conservation Overlay Zone
- ☐ If new or replacement "Outdoor Sprinkler System" or "Evaporative Coolers" show compliance with Sierra Vista Sub-watershed Water Conservation Overlay Zone
- ☐ If a Wind Turbine is proposed, site plan required for roof mounted, disclosure statement required

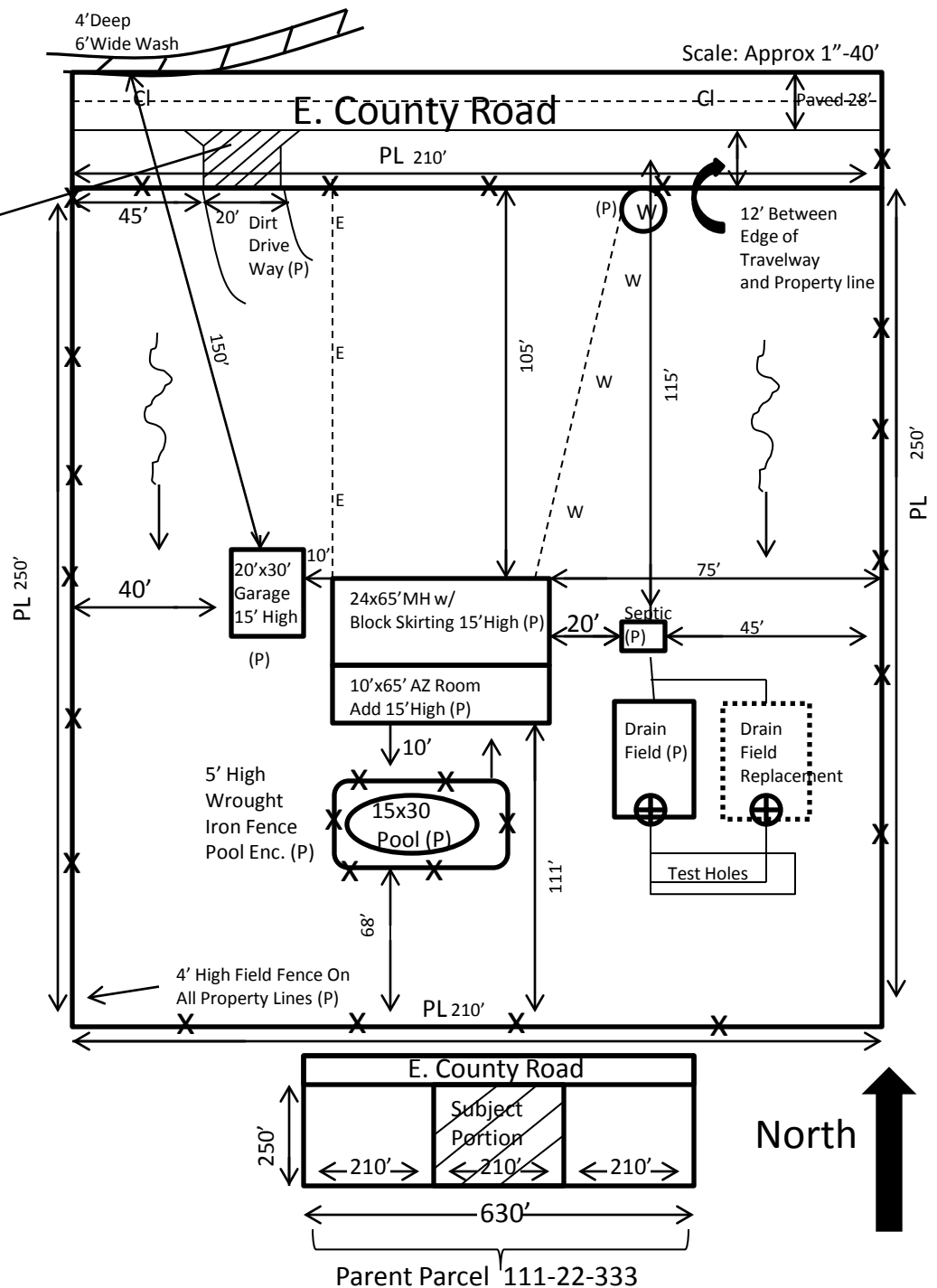
EXAMPLE SITE PLAN

Parcel # 111-22-333 (por)
Name: Joe & Jane Smith



Turnouts

Scale: Approx 1"=40'



North

Parent Parcel 111-22-333

Legend:

Property Lines

Water Line

Gas Line

Electric Line

Fence

Property Dimensions

Setback Dimensions

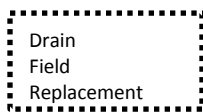
Road Center Line

Sewer Line

Drainage Easement

Public Utility Easement

PL	PL
W	W
G	G
E	E
X	X
20'	20'
100'	100'
CL	CL
S	S
5' DE	5' DE
10' PUE	10' PUE



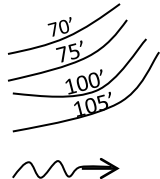
Septic



Washes

Slope Topography:

Drainage:



Residential Plan Requirements:

Based on the 2012 International Residential Code.

(To be completed by applicant and submitted with application)

Submittal Documents

- ☐ Two Sets of Construction Documents. Minimum size 24"x30". (1/4" Scale)
- ☐ Two *Sealed* copies of Truss Calculations, or deferred note on drawings. Lateral calculations if required.
- ☐ One copy of the Sierra Vista Sub-Watershed document signed and dated. (If applicable)
- ☐ One copy of the Cochise County Lighting worksheet if not shown on plans.

Foundation Plan

- ☐ Show plan view of complete dimensioned foundation layout.
- ☐ Provide details of footing type, size, and reinforcements.
- ☐ Sealed calculations and plans for engineered slabs. (Post tension, raft, etc.)
- ☐ Location and type of anchors and hold-downs.
- ☐ Compaction report for fill (requirement noted and provided at time of inspection)
- ☐ Show UFER ground

Roof/ Framing Plan

- ☐ Plan view of structural components: beams, trusses, headers, and structural connection details.
- ☐ Size, spacing, species, and grade of materials.
- ☐ All details referenced on Roof or Framing Plan.
- ☐ Roof slopes, drainage, scuppers, and skylights.

Plumbing Plan

- ☐ Show location, sizes, materials of all drainage waste & vent, and water piping with developed length.
- ☐ Show location, developed length, appliance demands, sizes of gas piping.
- ☐ Provide water and fixture unit tables. (For sizing purposes and Health Department review)
- ☐ Show gray water system and other water conservation systems (SV sub water shed)

Floor Plan

- ☐ Show complete dimensions, window and door sizes, and label all room uses.
- ☐ Show braced wall panel locations (sheathing locations and hold downs).
- ☐ Indicate separation between garage and dwelling. (5/8" Type X per amendment)
- ☐ Show all cabinets and fixture locations.
- ☐ Show all safety glazing at hazardous locations.

Exterior Elevations/ Building Sections

- ☐ Show all sides of the structure, window sill heights, exterior finishes, chimney heights, top of wall and roof heights.
- ☐ Show cross section of structure with room labels, interior finishes callouts, ceiling and drop heights.
- ☐ Cross reference to framing and foundation sections.
- ☐ Roof Ventilation calculations. Identify type and location.

Mechanical Plan

- ☐ Provide Manual J analysis to size HVAC units.
- ☐ Indicate heating and cooling units, type, location.
- ☐ Show fuel burning appliances combustion air.
- ☐ Show supply & return duct sizes and routes.
- ☐ Show diffuser (register) locations.
- ☐ Show exhaust fan locations.

Electrical Plan

- ☐ Plan view showing panel location, receptacles, lights, circuits, ground fault interrupters, arc fault interrupters, and smoke and CO alarms.
- ☐ Panel schedule showing circuits.
- ☐ Service entrance diagram. (Riser diagram).
- ☐ Load calculations and service size.
- ☐ Show compliance with the Cochise County Light Pollution Ordinance. (May be completed by worksheet.)

Submittal Requirements for Engineered Metal Buildings:

1. Two sets of plans with an Engineer's Stamped Seal
2. Two sets of foundation/ footing plans with an Engineer's Stamped Seal
3. Electrical, plumbing, and gas plans if applicable.

NOTE: *The above list identifies most of the standard information needed on the required submittal, but may not be all-inclusive. Applicant may be required to provide additional project information, specifications or plans at the discretion of the Planning Department and Plans Examiner.*



Cochise County Development Services

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www.cochise.az.gov

Residential Lighting Worksheet

Tax Parcel ID # _____

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

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.
ALL PERMENTLY USED LAMPS SHALL BE FULLY SHIELDED UNLESS UNDER A ROOF OR PORCH OVERHANG AND THE LEVEL OF LIGHT TRESPASS DOES NOT EXCEED A FIELD-VERIFIED, LIGHT METER READING OF 0.2 FC AT THE PROPERTY LINE OF A RESIDENTIAL SITE OR 0.5 FC AT THE PROPERTY LINE OF A NON-RESIDENTIAL SITE.
FULLY SHIELDED FIXTURES ARE FIXTURES COMPLETELY COVERED ON TOP AND SIDES

IF ANY FIXTURES ARE NOT FULLY SHIELDED PLEASE IDENTIFY WHICH FIXTURES, EXEMPTION TYPE AND LIGHT METER READING AT PROPERTY LINE (IF APPLICABLE)

Notes: _____

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

Bisbee Office
1415 Melody Lane, Building F
Bisbee, Arizona 85603
520-432-9300
520-432-9278 fax
planningandzoning@cochise.az.gov

Lamp Data

Lamp Wattage	Initial Lumens	Lamp Wattage	Initial Lumens
Incandescent		Metal Halide	
25 W	150	175 W	14000
40 W	460	250 W	20000
60 W	890	400 W	40000
75 W	1210	1000 W	15000
100 W	1750		
150 W	2880	Par (Parabolic Aluminized Floods & Spots)	
300 W	6360	150 W	1740
1000 W	23800		
		HPS (High Pressure Sodium)	
Compact Fluorescent		50 W	3300
5 W	250	70 W	5800
7 W	400	100 W	9500
13 W	900	150 W	16000
18 W	1200	200 W	22000
26 W	1800	250 W	30000
32 W	2900	310 W	37000
		400 W	50000
Tungsten-Halogen		1000 W	140000
250 W	4700		
500 W	10700	LPS (Low Pressure Sodium)	
1000 W	19000	8 W	1800
1500 W	36000	35 W	4800
		55 W	8000
Mercury Vapor		90 W	13500
100 W	4000	135 W	22500
175 W	8500	180 W	33000
400 W	23000		
700 W	44000		
1000 W	61000		
Fluorescent (Standard Cool-White, 1.5-inch tubes)			
21 W	1190		
30 W	2050		
36 W	2450		
39 W	3000		
50 W	3700		
52 W	3900		
55 W	4600		
70 W	5400		
75 W	6300		

Acceptable

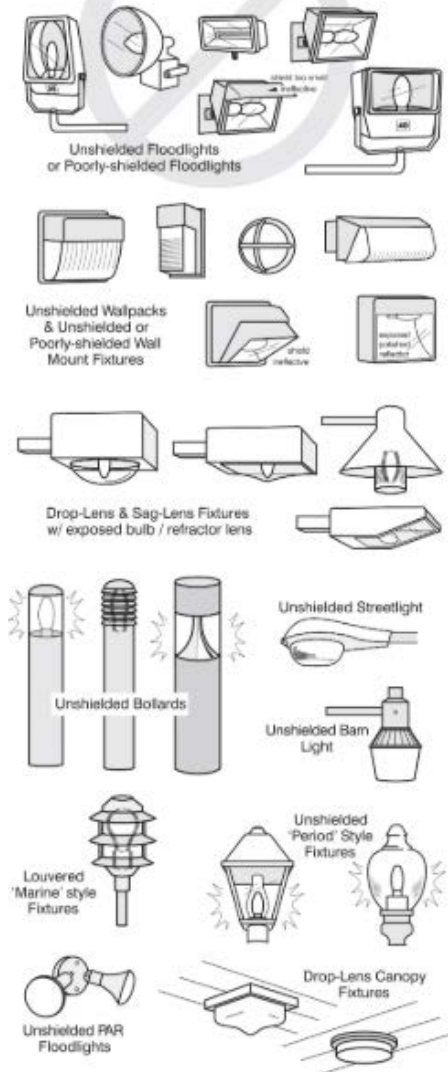
Fixtures that shield the light source to minimize glare and light trespass and to facilitate better vision at night



Illustrations by Bob Crelin © 2005. Rendered for the Town of Southampton, NY. Used with permission.

Unacceptable / Discouraged

Fixtures that produce glare and light trespass



Shielded



Unshielded - not permitted



GOOD
Bulbs not directly visible



BAD
Bulbs directly visible

To be submitted with the installation permit submission

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

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

Applicant Information:

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

Proposed Installation Location:

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

Structure Information:

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

Dealer Information:

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

Licensed Installer Information:

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

Note any Accessory Structures associated with this permit request:

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

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

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

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

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

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

Date Mobile Home

Manufactured: _____

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

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

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

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

Applicant Signature: _____

Date: _____



Cochise County

Development Services

Public Programs...Personal Service

www.cochise.az.gov

Sierra Vista Sub-Watershed - Water Conservation Overlay Zone Permit Checklist

The following water conservation measures shall be required of all residential and non-residential properties in the Sierra Vista Sub-watershed, as defined by the Arizona Department of Water Resources and delineated on County maps:

Note: In order to obtain a Building Permit the required *Gray Water* appliances and plumbing system design with stub-outs must be shown on the construction plans and are verified during the inspection process.

RESIDENTIAL PERMITS ONLY:

Gray Water Plumbing: New residential construction shall have gray water line(s) plumbed to stub out, and to be capped and clearly marked so as to permit the optional use of gray water by residents. The gray water plumbing must connect at least two plumbing fixtures, and preferably those that produce the most gray water without compromising the efficient evacuation of the black water pipes.

Identify at least two plumbing fixtures proposed with plumbing for gray water outlets in proposed new construction (e.g. laundry room, downstairs bathroom sink, etc.):

Are *Gray Water* plumbing line(s) shown in construction plans? ☐ Yes ☐ No

Note: *THIS ITEM DOES NOT APPLY TO MANUFACTURED OR REHABILITATED MOBILE HOMES*

RESIDENTIAL AND NON-RESIDENTIAL PERMITS:

Hot Water on Demand: In new construction, a hot water system will be installed to provide hot water on demand at the point of use in sinks and baths/showers. Recirculation devices shall include timers, temperature sensors or remote control operation. Point of use hot water heaters that serve individual fixtures or other alternatives that deliver hot water at each fixture within a waiting period of 15 seconds or less are acceptable.

Describe device(s) proposed to achieve hot water on demand at all sinks, baths or showers in proposed new construction:

Are Hot Water on Demand Device(s) shown in construction plans? ☐ Yes ☐ No

Device Cut-Sheets Provided? ☐ Yes ☐ No

Bisbee Office

1415 Melody Lane, Building F
Bisbee, Arizona 85603
520-432-9300
520-432-9278 fax
planningandzoning@cochise.az.gov

Note: *THIS ITEM DOES NOT APPLY TO MANUFACTURED OR REHABILITATED MOBILE HOMES*

Outdoor Sprinkler Systems: Any new installation or replacement of an automatic outdoor sprinkler system shall also include the installation of a rain or humidity sensor that will override the irrigation cycle of the sprinkler system when rainfall has occurred in an amount sufficient to negate the need for irrigation at the scheduled time. Where there are multiple areas with a sprinkler system watered from one controller, the sensor must be installed at the largest area.

Does permit include any proposed automatic outdoor sprinkler systems? _____Yes _____No

If Yes, then system shall include rain or humidity sensors.

Is the *Outdoor Sprinkler System* depicted on Plans (site or construction)? _____Yes _____No

Evaporative Coolers: New or replacement evaporative coolers shall not be single-pass coolers.

Does permit propose any new or replacement of evaporative coolers? _____Yes

If Yes, then evaporative coolers shall not be single-pass, i.e. non-re-circulating.

Evaporative Coolers depicted on Plans and Cut-Sheets provided (site or construction)? ____Yes

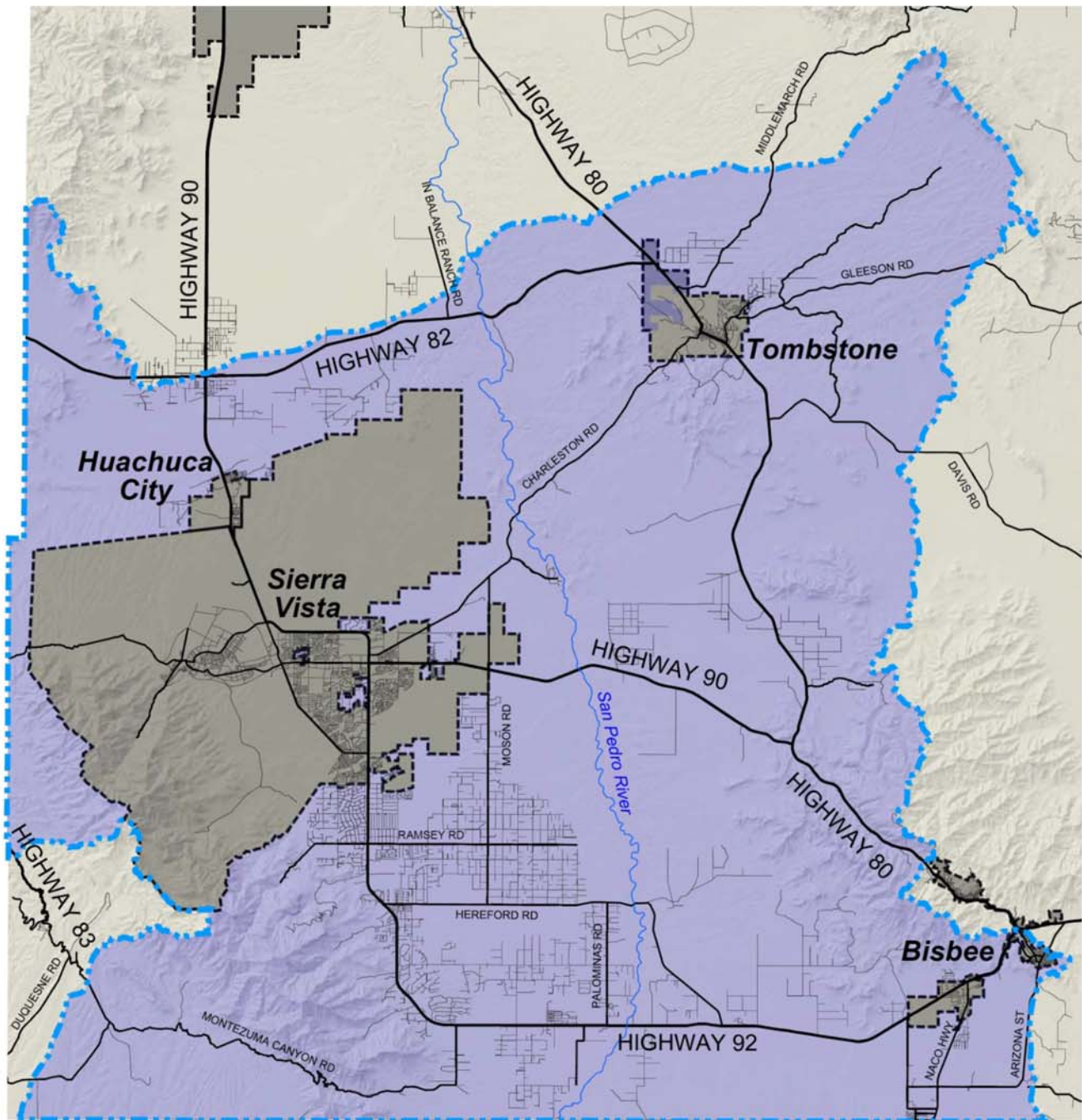
By signing below, I (the applicant) hereby acknowledge that the information provided above is accurate and true, subject to minor revisions that are in conformance with the County's regulations as they relate to the requirements of the Sierra Vista Sub-Watershed Water Conservation Overlay District, and that said information may be verified through the County's building permit review and inspection process.

Applicant's Name (printed) and Signature

Date

SIERRA VISTA SUB-WATERSHED, COCHISE COUNTY, ARIZONA

NOTE: *If you are unsure if your property is located within the Sierra Vista Sub-Watershed, please contact the Cochise County Development Services Department at (520) 432-9300*



Sierra Vista Sub-watershed
(outside incorporated boundaries)



Not to Scale