



CITY OF PRESCOTT MANUFACTURED BUILDING SUBMITTAL LIST

Required

Submitted

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Permit Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Manufactured Home Subcontractor Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Two (2) copies of the Plot Plan Sketch (on City Form) |
| <input type="checkbox"/> | <input type="checkbox"/> | Water and Sewer Fixture Tabulation Sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Federal Emergency Management Agency (FEMA) Questionnaire |
| <input type="checkbox"/> | <input type="checkbox"/> | All Forms Completed/Signed with Original Signature |

Minimum Roof/Snow load required for Prescott – 30 psf.

The City of Prescott Land Development Code

Section 2.4.31/Manufactured Homes - The home shall have a label or documents certifying that it is constructed in compliance with the National Manufactured Housing Construction and Safety Standards Act of 1974. Pre-HUD mobile homes that are modified to comply with the HUD standard may be allowed. (The term “Mobile Home” describes factory-built homes produced prior to the 1976 HUD Code enactment).

Modular housing is not regulated under the National Manufactured Housing Construction and Safety Standards Act of 1974 and modular housing is not regulated by HUD. Modular homes are regulated by individual states (Factory Built Buildings).



City of Prescott Manufactured Home Installation Permit Application

201 S. Cortez St.

Prescott, AZ 86303

(928)-777-1356 Fax (928) 777-1258

Permit No: _____

Project Address:		
Assessor's Parcel #:	Lot:	Subdivision:
Description of Work:		Value of Work:\$

Unit Manufacturer:	Serial Number:
Date of Mfg or Year:	Size:
Accessory Structure Options: <input type="checkbox"/> Awning <input type="checkbox"/> Porch <input type="checkbox"/> Garage <input type="checkbox"/> Skirting/Retaining	Check Utilities:
	Water Electric
	Gas Sewer

Installer/Contractor Information (List all licensed subcontractors on Supplement form). Minimum 30 psf Roof/Snow load required.

APPLICANT/CONTACT:	Phone:
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Address:	Email Address:
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City:	State:	ZIP:
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OWNER:	Phone:
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Address:	Email Address:
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City:	State:	ZIP:
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INSTALLER INFORMATION:	Phone:
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Company Name:	
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Lic#:	Classification:	City Sales Tax #:
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Address:	Email Address:
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City:	State:	ZIP:
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DEALER INFORMATION:	Phone Number:	License Classification:
Company Name:		License Number:

Address:	State:	Zip:
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The undersigned, under penalty of perjury, does hereby certify that all improvements made to the above project, at the address as stated above, by means of the building or improvement of structures or appurtenances of such property, have been performed by a duly licensed contractor.

I understand the owners who sell or rent property not completed with a licensed general contractor, may be subject to a Class 1 Misdemeanor under Arizona Revised Statutes § 32-1151 and § 32-1154. A Class 1 Misdemeanor is punishable by a fine not to exceed \$2500.00 and/or one year in the County jail. I understand and acknowledge the above certification.

Owner/Contractor: _____	Date: _____
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CITY OF PRESCOTT
MANUFACTURED HOME INSTALLATION PERMIT APPLICATION
SUBCONTRACTOR SUPPLEMENT FORM

PERMIT # _____

Please list all licensed subcontractors associated with the installation / accessory structures of the Manufactured-Building / Manufactured Home (electrical, plumbing, etc).

Contractor's Name _____
License# _____ Lic Classification _____
Business Phone # _____

Contractor's Name _____
License# _____ Lic Classification _____
Business Phone # _____

Contractor's Name _____
License# _____ Lic Classification _____
Business Phone # _____

Contractor's Name _____
License# _____ Lic Classification _____
Business Phone # _____

Contractor's Name _____
License# _____ Lic Classification _____
Business Phone # _____



COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING SAFETY DIVISION
PLOT PLAN SKETCH

Building Permit #:

Job Address:

Scale: 1 inch = _____ ft.

Assessor's Parcel Number (s):

City of Prescott Building Division
APPROVED

City of Prescott Planning & Zoning
APPROVED

City of Prescott Engineering
APPROVED

City of Prescott Fire Department
APPROVED

1. It is the responsibility of the owner or contractor to field verify ALL UTILITY MAINS prior to construction.
2. Any improvement in City right-of-way requires permit issued by City Engineering Department per Ordinance #1338.
3. No structure shall encroach onto any easement or right-of-way. Driveway entrance may require dip section or minimum 12 inch corrugated metal pipe.
4. DO NOT ALTER SIDEWALK. SIDEWALK MUST MEET AMERICANS WITH DISABILITIES ACT (ADA) STANDARDS.
5. All mailbox installations must be to City of Prescott standard detail 1-08. Any deviation must be specially permitted by the Engineering Department.
6. Approval of the Planning & Zoning Department is subject to all other easements, encumbrances, etc. or restriction which may apply to said property by virtue of any City Ordinances and/or state law and deed restrictions. The City takes no responsibility for said restrictions or requirements and the burden to comply with such restrictions lies solely with the property owner and/or applicant.

I, _____, the owner's agent or the owner of record, for the structure to be located at:
_____, parcel number _____, do certify that the structure will meet all required setbacks, the property corner pins are correct and the footings are excavated upon the property as shown on the City approved site plan. **If for any reason any deviation from the approved site plan becomes necessary, a revised site plan will be submitted for approval before any additional construction takes place.**

Owner/Contractor Signature

Date



**CITY OF PRESCOTT
COMMUNITY DEVELOPMENT DEPARTMENT
ENGINEERING SERVICES DIVISION
201 S. Cortez, Prescott, AZ 86301 (928) 777-1356**

Residential Sewer and Water Fixture Tabulation Sheet

Building Permit #: _____

Job Address: _____

Project/Owner Name: _____

Please enter the total number of "New" and "Removed" fixtures by the "Type of Fixture" indicated below.

SEWER FIXTURE COUNT – SINGLE FAMILY RESIDENTIAL/MANUFACTURED							
TYPE OF FIXTURE	NUMBER OF "EXISTING" FIXTURES	NUMBER OF "NEW" FIXTURES		FIXTURE UNITS ASSESSED		FIXTURE UNITS "REMOVED"	TOTAL FIXTURE UNITS
Bar Sink			X	1	-		
Bathub			X	2	-		
Laundry Tub			X	2	-		
Clothes Washer			X	2	-		
Shower (stand alone unit)			X	2	-		
Kitchen Sink			X	2	-		
Dishwasher			X	2	-		
Sink (lavatory)			X	1	-		
Water Closet (flush tank toilet)			X	3	-		
Floor Drain/Sink (2", 3" or 4")			X	4	-		
Other			X		-		
TOTAL NUMBER OF NEW SEWER FIXTURES							

\$56.00 (each fixture unit)

WATER FEES (Includes Water Meter Fees, Water Development Fees and System Impact Fees)					
Meter Size (Please check one)	<input type="checkbox"/> 5/8"x 3/4"	<input type="checkbox"/> 1"	<input type="checkbox"/> 1 1/2"	<input type="checkbox"/> 2"	<input type="checkbox"/> All Others
Meter Fee *	\$ 220.00	\$ 400.00	\$ 800.00	\$ 1,000.00	Cost plus 10%
8.35% Tax for Meters Only	\$ 18.37	\$ 33.40	\$ 66.80	\$ 83.50	8.35% of Cost
Development Fees	\$ 4,944.71	\$ 8,257.73	\$16,465.84	\$26,355.26	
System Impact Fees	\$ 5,389.02	\$ 8,999.71	\$17,945.39	\$28,723.43	
Water Service Permit Fee	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	
TOTAL WATER FEES	\$10,577.10	\$17,695.84	\$35,283.03	\$56,167.19	

* Fee assumes that box & yoke to be installed by contractor or that an existing box & yoke is present. If not, additional fees will apply.

Check Box if Applies	ADDITIONAL SERVICE CHARGES	COST
	Sewer Slant	\$ 200.00
	New water service, includes box and yoke **	ESTIMATE REQUIRED
	Yoke Modification (inside an existing box)	ESTIMATE REQUIRED
	Other	

** Single Family Residential only.

Signature

Printed Name

Date



FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) QUESTIONNAIRE

Building Permit #: _____

Applicant/Owner Name: _____

Site Address: _____

Description of Work: _____

Assessor's Parcel Number(s) (APN): _____

Subdivision Name: _____ Lot/Unit Number: _____

1. Is this property located in a Special Flood Hazard Area (SFHA)? _____ Yes _____ No

If yes, what SFHA Zone is the property in? _____ AE _____ A

If no, please skip to the signature portion of this form at the bottom of the page. No further information is necessary.

2. Are you building a new structure or an addition to an existing structure which would increase the building footprint? If

yes, please enter total square footage: _____

3. Are you remodeling an existing structure? If yes,

What is the value of the existing structure? \$ _____

What is the value of the remodel work? \$ _____

I/We understand that properties if any portion of the above mentioned parcel is located in the Special Flood Hazard Area (SFHA) I am required to submit both an "Under Construction Elevation Certificate" prior to the Under Slab Combination Inspection and a "Completed Elevation Certificate" prior to the building final inspection. No Certificate of Occupancy shall be issued by the City without these documents being submitted and approved by the City of Prescott.

Signature Date

For Office Use Only

FEMA Designation _____ A _____ AE _____ X

Elevation Certificate Required _____ Yes _____ No

Elevation Certificate Received _____

Reviewer Name: _____ Date: _____