

REHABILITATION OF MOBILE HOMES

Standards required and prescribed by the Arizona Department of
Manufactured Housing and the Town of Camp Verde.

- A. The rehabilitation of mobile homes shall be pursuant to the following requirements.
1. A Smoke detector (which may be a single station alarm device) shall be installed on any wall in a hallway or space communicating with each bedroom area and the living area on the living area side, and when located in a hallway the detector shall be between the return air intake and the living area. Each smoke detector shall be installed in accordance with it's listing and the top of the detector shall be located on a wall 4" to 12" inches below the ceiling. The detector may be battery powered or may be connected to an electrical outlet box by a permanent wiring method into a general electrical branch circuit, without any switch between the over current protection device protecting the branch circuit and the detector.
 2. The walls and ceilings of each gas fired furnace and water heater compartment, including doors, shall be lined with 5/6" inch gypsum board, unless the door opens to the exterior of the unit in which case the door may be all metal construction. All exterior compartments must seal to the interior of the unit.
 3. Each room designated expressly for sleeping purposes, unless it has an exterior exit door, shall have at least one outside egress window or approved exit device with a minimum clear dimension of 22" inches and a minimum clear opening of 5 square feet. The bottom of the exit shall not be more than 36" inches above the floor.
 4. All electrical systems shall be tested for continuity to assure that metallic parts are properly bonded, tested for operation to demonstrate that all equipment is connected and in working order, and given a polarity check to determine that connections are proper. The electrical system shall be properly protected for the required amperage load. If the unit wiring is of aluminum conductors, all receptacles and switches rated 20 amperes or less directly connected to the aluminum conductors shall be marked CO/ALR. Exterior receptacles other than heat tape receptacles shall be of the ground fault circuit interrupter (GFI) type. Conductors of dissimilar metals (Copper/Aluminum/ or Copper Clad Aluminum) must be connected in accordance with NEC Section 110-14.
 5. The units gas piping shall be tested with the appliance valves removed from the piping system and piping capped at those areas. The piping system shall withstand a pressure of at least 6" inch mercury or 3 psi gauge for a period of not less than 10 minutes without showing any drop in pressure. Pressure shall be measures with a mercury manometer or a slope gauge calibrated so as to read in increments of not greater than 1/10 pound or equivalent device. The source of normal operating pressure shall be isolated before the pressure test is made. After the appliance connections shall be tested with line pressure of not less than 10" inches nor more than 14" inches water column air pressure. The appliance connections shall be tested for leakage with soapy water or bubble solution. All gas furnaces and water heaters shall be vented to the exterior in accordance with UMC Chapter 9.
- B. A rehabilitation permit shall be obtained from Town of Camp Verde Planning and Zoning Office prior to any modification of the Unit.
- C. The unit will be inspected by the Planning and Zoning Department to ascertain compliance with paragraph A.

- D. The Planning and Zoning Department will issue a certification of compliance for each unit in compliance with Subsection A., and affix a green approval tag to the inside of the electrical breaker panel attached to the dwelling.
- E. Upon request the Planning and Zoning Department may issue a waiver for a unit that does not qualify as a mobile home. The category of the unit will be determined by inspection of the unit or presentation of acceptable documents.
- F. A person served with a correction notice shall make the required corrections within the time period specified in the notice. The time period will be determined by the Planning and Zoning Department based on the severity of the hazard or violation and the time reasonably needed to make the correction. A minimum of 30 days will be allowed unless an imminent safety hazard is found, or if the correction has unreasonably delayed. In either event, an Order to Vacate will be issued to the person occupying the unit.
- G. Persons occupying the unit will be served with an Order to Vacate that unit within 5 days if on inspection the unit is found to contain an imminent safety hazard.

FEES

- A. The following fees pertain to mobile home rehabilitation.
 - 1. Permit Fee - \$102.00
 - 2. Inspection Fee - \$50.00 per hour
- B. The permit fee includes the cost of the first two inspections. The fee for each subsequent inspection will be \$50.00 per hour.
- C. The waiver is applicable if the category of the unit can be determined to qualify for exemption. If an inspection of the unit is necessary to determine its category, the inspection fee will be \$50.00.

Note: All mobile homes established in the Town of Camp Verde shall be permitted according to Section 108. O. 7. of The Planning and Zoning Ordinance. This includes standards for: installation, skirting and maintenance standards for the dwelling and accessories.



TOWN OF CAMP VERDE
Community Development Department
Building Division
473 S. Main Street, Suite 108
Camp Verde, AZ 86322
(928) 567-8514 • Fax (928) 567-7401

DATE
 RECV'D: _____

PERMIT
 NO. _____

APPLICATION FOR PERMIT

PROPERTY AND BUILDING INFORMATION

PARCEL NO: _____ LEGAL DESCRIPTION _____
 PROJECT ADDRESS _____
 DESCRIPTION OF PROJECT _____ IMPACT FEES APPLY: YES NO
 HAS WORK COMMENCED ON THIS PROPERTY? _____ SQUARE FOOTAGE _____ APPLICANT'S VALUATION _____
 PROJECT TYPE: RESIDENTIAL COMMERCIAL INDUSTRIAL NEW ALTERATION/REMODELING ADDITION DEMOLITION

PROPERTY OWNER INFORMATION

OWNER NAME _____
 MAILING ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE _____

Attention Applicant: If you are not the owner of this parcel, you must have something in writing from the owner granting you permission to take out this permit. Also, if you recently purchased this parcel you may have to show proof of ownership documentation.

APPLICANT OR CONTRACTOR INFORMATION

OWNER AGENT CONTRACTOR TENANT

APPLICANT NAME _____
 MAILING ADDRESS _____ CITY _____
 STATE _____ ZIP _____ PHONE _____
 CONTRACTOR'S LICENSE # _____ CLASS _____ TOWN BUSINESS LICENSE # _____

THE FOLLOWING INFORMATION IS REQUIRED FOR COMMERCIAL, INDUSTRIAL, AND MULTI-FAMILY PROJECTS ONLY

PROPOSED USE _____ EXISTING USE _____
 PROPOSED CONSTRUCTION TYPE WALLS: Combustible Non-Combustible ROOF STRUCTURE: Combustible Non-Combustible
 EXISTING CONSTRUCTION TYPE WALLS: Combustible Non-Combustible ROOF STRUCTURE: Combustible Non-Combustible
 IF THIS IS AN EXISTING BUILDING, DOES IT HAVE A FIRE SPRINKLER SYSTEM?: _____ FIRE ALARM SYSTEM?: _____
 OCCUPANCY LOAD: _____ IBC OCCUPANCY TYPE: _____ IBC CONSTRUCTION TYPE: _____

CURRENT CODE REQUIREMENTS:

2006 INTERNATIONAL BUILDING CODE 2006 INTERNATIONAL RESIDENTIAL CODE
 2005 NATIONAL ELECTRIC CODE 2003 INTERNATIONAL FIRE CODE 2006
 INTERNATIONAL MECHANICAL CODE 2006 ENERGY CONSERVATION CODE
 2006 INTERNATIONAL PLUMBING CODE 2006 EXISTING BUILDING CODE

The Applicant assumes all responsibility for complying with any deed restrictions (CC&R's) that may apply to the property.

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I DECLARE that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Ordinances of the Town of Camp Verde. I realize that the information that I have stated heron forms a basis for the issuance of the Building Permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the Town Code or any other ordinance or to excuse the owner or his successors in from complying therewith. WHERE NO WORK HAS BEEN STARTED WITHIN 180 DAYS AFTER THE ISSUANCE OF A PERMIT OR WHEN MORE THAN 180 DAYS LAPSES BETWEEN APPROVAL OF REQUIRED INSPECTIONS, SUCH PERMIT SHALL BE VOID. I hereby certify that I am the OWNER at this address or that, for the purposes of obtaining this approval; I am acting on behalf of the owner. All contract work on this project will be done by a contractor holding a valid privilege tax license and contractor's license issued by the State of Arizona and the Town of Camp Verde.

OWNER APPLICANT (Special Power of Attorney or Agent)
 NAME (Printed) _____ SIGNATURE: _____

BUILDING		
ELECTRICAL		
PLUMBING		
ZONING CLEARANCE		
MECHANICAL		
POOLS		
FENCES		
DEPOSIT		
TOTAL		
RECEIPT#:		
CHECK #		
APPLICATION TAKEN BY:		

TOWN OF CAMP VERDE
COMMUNITY DEVELOPMENT DEPARTMENT
PLOT PLAN SKETCH

Show lot/parcel lines and dimensions, adjacent streets and alleys, front of property, driveway, location of all proposed and existing buildings including dimensions, all building setbacks and distances between buildings, location of septic tank and leach lines, locations of incoming water yard lines and meter, electric yard line and meter, gas lines and tanks, any terrain features that affect placements, location and dimensions of easements and any washes, creeks or ditches within 20 feet of the property.

PERMIT #	ASSESSOR'S PARCEL #	ADDRESS

I/we certify that the proposed construction will conform to the dimensions and uses shown and that no changes will be made without first obtaining approval. All structures (including fences, walls and pads, correct setback distances, legal access and easements, cuts, fills, drainage and any water course on or adjacent to the property within 20 feet of any proposed or existing structure has been indicated.



Scale: _____

Approved By: _____

Signature of Owner or Authorized Representative

Date

Date: _____



**EXPIRES 6 MONTHS FROM
DATE OF ISSUE**

**TOWN OF CAMP VERDE
COMMUNITY DEVELOPMENT DEPARTMENT**

473 W. MAIN STREET CAMP VERDE, AZ 86322
(928) 567-8514

**APPROVED PLANS SHALL BE ON SITE
MANUFACTURED HOME INSTALLATION PERMIT**

PERMIT: \$200.00
ZONING CLEARANCE: \$55.00
REHAB MOBILE: \$102.00
FACTORY BUILT/MODULAR:
\$600.00/per story
RECEIPT # _____

CHECK UTILITY	CHECK ATTACHED ACCESSORY STRUCTURE ON YOUR CONTRACT	FOR OFFICIAL USE ONLY	INSPECTIONS	INSIGNIA#	DATE	APPROVED BY INITIALS
<input type="checkbox"/> WATER <input type="checkbox"/> WELL <input type="checkbox"/> SEWER/SEPTIC <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC	<input type="checkbox"/> AWNINGS <input type="checkbox"/> GARAGES <input type="checkbox"/> PORCH <input type="checkbox"/> SKIRTING/RETAINING <input type="checkbox"/> OTHERS	APPROVED PLAN NO # _____ PERMIT NUMBER: _____ PARCEL #: _____ TOTAL PERMIT FEE: _____ DATE ISSUED: _____ ISSUED BY: _____	WATER SEWER GAS-NAT/LP ELECTRICAL FOOTINGS/PIERS			
OWNER NAME _____ MAILING ADDRESS _____ PHONE _____ CITY/TOWN _____ STATE _____ ZIP _____ IF HOME IS TO BE INSTALLED ON PRIVATE LAND, A DETAILED MAP SHOWING NEAREST MAJOR INTERSECTION AND EXACT LOCATION OF LOT MUST ACCOMPANY THIS APPLICATION. PARK NAME _____ STREET ADDRESS _____ SPACE # _____ CITY/TOWN _____ COUNTY _____ ZIP _____ UNIT MANUFACTURED _____ DATE OF MFG. OR YEAR _____ UNIT SERIAL # _____ SIZE _____ UNIT INSTALLERS NAME _____ LICENSE # _____ ADDRESS _____ CITY _____ ZIP _____ ACCESSORY INSTALLER'S NAME _____ ADDRESS _____ CITY _____ ZIP _____ LICENSE # _____ LICENSE CLASS _____ BUS PHONE _____ DEALER NAME _____ LICENSE # _____ MAILING ADDRESS _____ BUS PHONE _____ CITY/TOWN _____ STATE _____ ZIP _____ PERMIT PURCHASER SIGNATURE X _____			ATTACHED COOLER REFRIGERATION PATIO SKIRTING STAIRS AWNINGS GARAGES			
UNIT HUD LABEL #'S _____ THIS PERMIT PROVIDES THREE (3) INSPECTIONS. ONE OF WHICH IS RESERVED FOR ACCESSORY STRUCTURES IF APPROPRIATE. ANY ADDITIONAL INSPECTION WILL BE CHARGED AT THE RATE OF \$50.00 PER HOUR. FOR INSPECTIONS CALL (928) 567-8514.						

STATE OF ARIZONA

Department of Revenue



Janet K Brewer
Governor

Gale Garriott
Director

June 23, 2010

City of Campe Verde
Community Dev. Director
473 S Main St Ste 102
Campe Verde, Arizona 86322

Dear Building Official:

This is to let you know that we are in the process of mailing annual certificates to construction contractors for purposes of compliance with **ARS § 42-5007**. This law requires that building authorities obtain a certificate from the Department of Revenue to ensure that the bonding requirement has been met prior to the issuance of any building permit for projects of \$50,000 or more in value. All qualified contractors should receive their certificate by July 31, the expiration date of the last certificates.

There are three versions of certificates that represent compliance with the bond requirement: An annual certificate issued by the Department of Revenue; a one-time exemption; and a receipt for a bond for the actual project. Please note that the one-time exemption and receipt for bond must specify the location of the project site. Examples of the different types of certificates are enclosed for reference, along with the guidelines for compliance with this law.

For any questions regarding these procedures or assistance to contractors, please contact the Bond Compliance Officers at (602) 716-6056.

Sincerely,

A handwritten signature in cursive script that reads "Tom Waters".

Tom Waters
Administrator
License & Registration

I am currently a licensed contractor: Name _____

License No. ROC _____ License Class _____

Signature _____ Title: _____

EXEMPTION FROM LICENSING

I am exempt from Arizona contractors' license laws on the basis of the license exemptions contained in A.R.S. §32-1121A, namely:

- A.R.S. §32-1121A.5 – I am the owner/builder of the property and the property will not be sold or rented for at least one year after completion of this project.
- A.R.S. §32-1121A.6 – I am the owner/developer of this property and I will contract with a licensed general contractor to provide all construction services. All contractors' names and license numbers will be included in all sales documents.
- Other - _____
(Please specify)

I 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 and/or the total cost of materials and labor are \$1000 or more.

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

_____ License No. ROC _____ Class _____
(General Contractor)

_____ License No. ROC _____ Class _____
(Mechanical Contractor)

_____ License No. ROC _____ Class _____
(Electrical Contractor)

_____ License No. ROC _____ Class _____
(Plumbing Contractor)

SIGNATURE _____ DATE _____

Falsification of information on this document for the purpose of evading State licensing laws is a Class II misdemeanor pursuant to A.R.S. §13-2704.