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APPLICATION

CLEARANCE OR PERMIT NO:

PARCEL NO:

APPLICATION FOR A

FLOODPLAIN USE PERMIT OR FLOODPLAIN CLEARANCE

Return this ORIGINAL to: Gila County Flood Control District, c/o Gila County Community Development, Floodplain Permitting Office, 608 East State Highway 260, Payson, Arizona 85541, (928) 474-9276 OR 745 N Rose Mofford Way, Globe, Arizona 85501 (928) 425-3231

INFORMATION SUPPLIED BY APPLICANT (BELOW):

PARCEL NUMBER:	--	DATE:	/	/
PARCEL STREET ADDRESS (If Assigned):				
Legal description of property :	(From deed. If in a subdivision, list subdivision name and lot #. Attach page if needed):			
Section:	Township:	N / S <small>[circle one]</small>	Range:	E / W <small>[circle one]</small>
PROPERTY OWNER NAME:	Phone No: HOME [] CELL [] OFFICE []		()	
& ADDRESS: (MAILING)	City:	State:	Zip:	

The undersigned herewith makes application for a permit to alter (build/install in) a portion of a 100 year floodplain within unincorporated Gila County, Arizona, contained within real property **for the purpose of:**

PROPOSED USE (Check applicable use(s)):

Residential:		Commercial:	
Industrial:		Other:	

PLEASE ANSWER THE FOLLOWING QUESTIONS (check one: YES OR NO):

	Y	N	
1			Is new fencing proposed as part of this permit?
2			Is the excavation of sand, gravel, or other material proposed on the property as part of this permit?
3			Is fill or the storage of fill material proposed on the property as part of this permit?
4			Is any construction proposed in County Right-of-Way?
5			Is the proposed project proposed to be dedicated to Gila County (roadways, etc)?
6			Has application been made with the County Engineer's Office for construction within the right-of-way (driveway culverts, roadway improvements, etc)?

NOTE: If you answered "Yes" to 4 or 5 above, you are required to get a Right-of-Way Use Permit from the Gila County Engineering Department. Check with the Gila County Engineering Department about Grading Permit requirements if you answered "Yes" to 2 or 3.

IF ONE OF THE FOLLOWING ITEMS HAS BEEN SUBMITTED, INDICATE NAME OF DEVELOPMENT AND CASE NUMBER:

Tentative Plat:	
Development Plan:	
Final Plat:	
Other:	

Owner Name:

PARCEL NUMBER:

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A FULL SET OF PLANS INCLUDING SITE PLAN and ELEVATIONS (NO TRUSSES), DRAWN TO SCALE, of the property location & desired construction MUST BE ATTACHED to this application when submitted.

An example Site Plan is available.

WHAT TYPE OF SANITARY FACILITIES ARE TO BE UTILIZED? (check one):

Septic System: (plumbing is proposed)	<input type="checkbox"/>	Public Sewer System:	<input type="checkbox"/>	Individual Alternative Treatment:	<input type="checkbox"/>	No Plumbing is Proposed:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
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*** CONTRACTOR** (if used): _____ License No: _____

Address: _____ Phone No. (____) _____ - _____

Check one: HOME [] CELL [] OFFICE []

***DESIGNER, AGENT or ENGINEER**

(if used): _____ License No: _____

Address: _____ Phone No. (____) _____ - _____

Check one: HOME [] CELL [] OFFICE []

IMPORTANT: * If the Applicant is not the Property Owner, then an original notarized Power of Attorney authorizing the applicant to obtain a Floodplain Use Permit for the owner must be submitted with this application along with required plans.

FOR AND IN CONSIDERATION of the granting of a permit or license for the purpose set for herein the applicant hereby agrees, by signing this application, to comply with all conditions and restrictions as stated in Gila County Floodplain Management Ordinance recorded in the office of the County Recorder, Gila County, Arizona, in Doc Id #2003-010889, Receipt # 15356 thereof; also, any and all special conditions and/or restrictions that the Gila County Floodplain Administrator or Floodplain Board may require. The applicant also hereby grants permission to Gila County staff to access the property for inspection purposes. **Final permit is not transferable.**

***APPLICANT** (PRINT NAME): _____ DATE: ____/____/____

APPLICANT'S SIGNATURE: _____

(ORIGINAL SIGNATURE REQUIRED)

Address: _____ Phone No. (____) _____ - _____

HOME [] CELL [] OFFICE []

Alt. Phone No. (____) _____ - _____

Check one: HOME [] CELL [] OFFICE []

THIS BOX IS FOR COUNTY USE ONLY:

Check Appropriate Box Below	Initials	Date	Reason
THIS IS A FLOODPLAIN CLEARANCE or			
FLOODPLAIN USE PERMIT REQUIRED			
DATE RECEIVED: ____/____/____	Floodplain Use Permit or Floodplain Clearance File Number:		

FEMA MAPPED FLOODPLAIN

or

OTHER COUNTY-REGULATED FLOODPLAIN

SFHD & PFHAD Reports Received?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Full Plans with Elevations Received?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Health Dept Site Plan Approval Received?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Exempt (No Plumbing)
Notarized Owner Permission Letter to Applicant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Exempt (Applicant is Owner)