



Yuma County Public Health Services District

Environmental Health Division

2200 West 28th Street, Suite 222

Yuma, Arizona 85364

Telephone: (928) 317-4584 Fax: (928) 317-4583

Plan Review Application

A. A county shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or delegation agreement. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.

B. Unless specifically authorized, a county shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.

C. This section does not prohibit county flexibility to issue licenses or adopt ordinances or codes.

D. A county shall not request or initiate discussions with a person about waiving that person's rights.

E. This section may be enforced in a private civil action and relief may be awarded against a county. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against a county for a violation of this section.

F. A county employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the county's adopted personnel policy.

G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

One (1) complete set of plans, together with the appropriate equipment specifications list, and a review fee of \$195 must be submitted to the above address. Payment must be made payable to the **Yuma County Public Health Services District**. You should receive written notification from Environmental Health Services in approximately fifteen (15) working days regarding the status of your plans. If you have any questions you may contact staff at (928) 317-4584.

Contact Persons

Primary: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Persons (continued)

Secondary: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Establishment Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Owner: _____

Signature: _____ Date: _____

For communication purposes, please select the means you wish used for contact during the plan review process. This does not eliminate the notices we are required to provide according to law.

- | | |
|--|---|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> EMAIL _____ |
| <input type="checkbox"/> Cellular # _____ | <input type="checkbox"/> Postal Service |
| <input type="checkbox"/> Facsimile # _____ | <input type="checkbox"/> Text # _____ |

For Office Use Only

Date Received: _____ Received By: _____
Fee: \$ _____ Receipt #: _____
Plan #: _____ Type Facility: _____

New Remodel
Reviewed By: _____ Date: _____
Plan Review Letter: Yes No Date Sent: _____
