



APACHE COUNTY — Community Development Department

P.O. Box 238 • St. Johns, AZ 85936 • Phone: (928) 337-7527 • Fax: (928) 337-7633

CONDITIONAL USE PERMIT APPLICATION

APPLICANT

Name Jeanne Begovac

Mailing Address Po Box 773
Vernon, AZ 85946

Contact Person Jeanne Begovac

Phone 602 332 9849 Fax _____

Email jbegovac1@gmail.com

PROPERTY INFORMATION

Assessor's Parcel # 106-26-0030

Township 10N Range 24E Section 4

Subdivision Hidden Paradise Annex

Unit # _____ Lot # 2

Address/Location 17 N 8408
Concho, AZ 85924

Existing Zoning O2, R

Existing Land Use vacant

Lot Size 3.48 acres

CONDITIONAL USE PERMIT REQUEST

Please provide a brief description of the request.

allow 2 guesthouses
(park models) in addition
to primary home (1043
manv. home)

Temporary Use: ___ Yes ___ No

SUBMITTAL CHECKLIST

- Pre-application meeting with a staff planner.
- A non-refundable filing fee.
- Proof of Ownership.
- Application, photographs, diagrams, site plans with the setbacks noted, drainage report and any other required information. Please be precise and detailed.
- Citizen Review Process as listed in ordinance Section 1106. A list of names and addresses of all the property owners within 300 feet of subject property.
- ADOT permit granting ingress / egress assess ~
- Map to property.
- All required items need to be submitted to Planning & Zoning at least 30 days prior to the next scheduled meeting.

CERTIFICATION & SIGNATURE

Submittal of this application constitutes consent of the applicant in granting the Community Development Department access to the subject property during the course of project review. No further consent or notice shall be required.

I hereby certify that the information in this application is correct and agree to abide by the regulations of this jurisdiction.

Signature of Applicant

Date 8-22-22

Signature of Property Owner (if not the applicant)

Date _____

COMMISSION ACTION

Approved with Conditions Denied

Resolution # _____ Date _____

Chairman _____ Date _____

BOARD ACTION

Approved with Conditions Denied

Ordinance # _____ Date _____

Supervisor _____ Date _____

December 1, 2021

OFFICE USE ONLY

Received By [Signature] Date 8/22/22

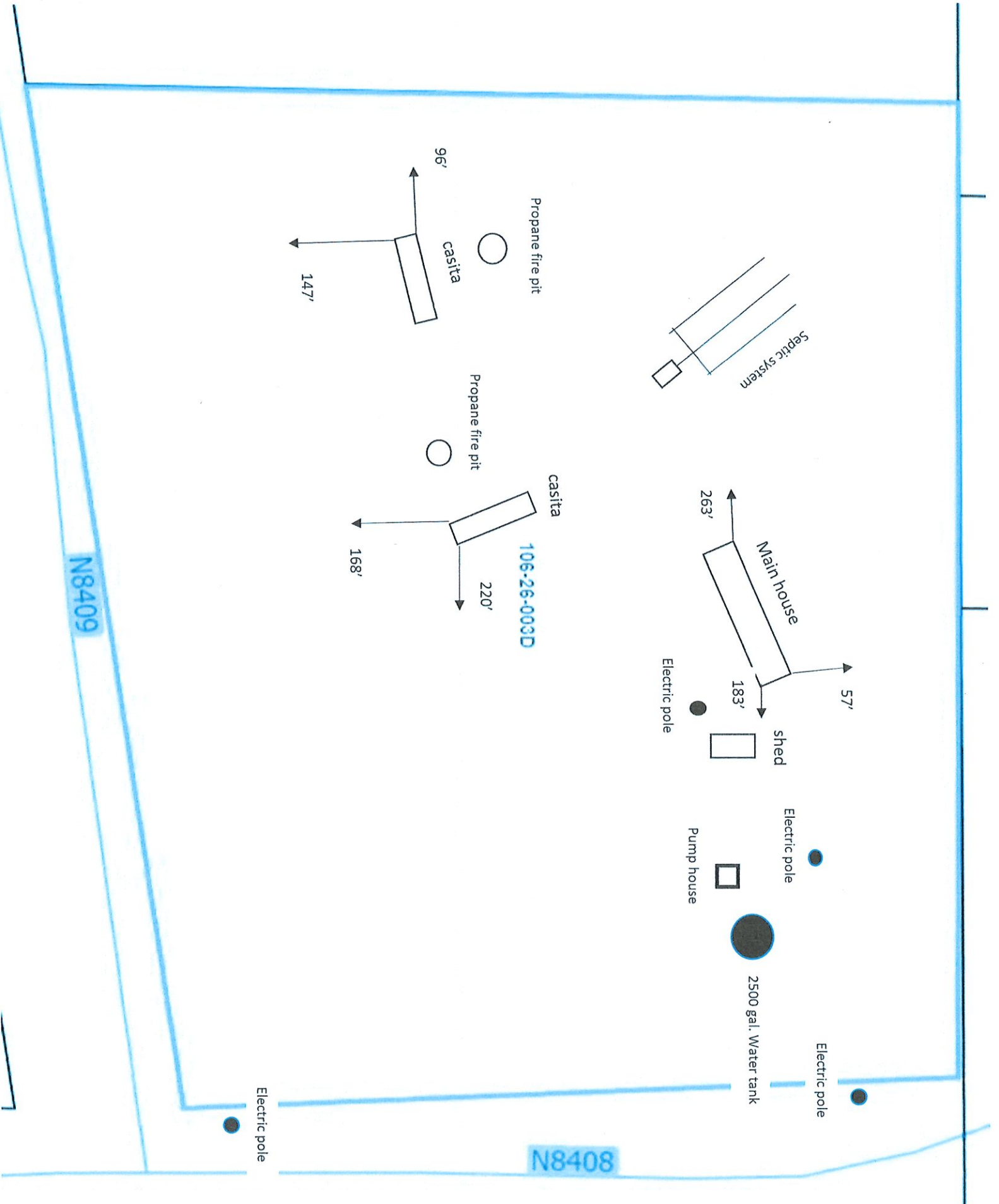
Receipt # 2005 Fee 300

Permit # 2022-59

Related Cases _____

Appeal Filed By _____ Date _____

Receipt # _____ Fee _____



N8409

106-26-003D

N8408

Electric pole

Electric pole

Electric pole

Electric pole

2500 gal. Water tank

Pump house

shed

Main house

Septic system

casita

Propane fire pit

Propane fire pit

casita

96'

147'

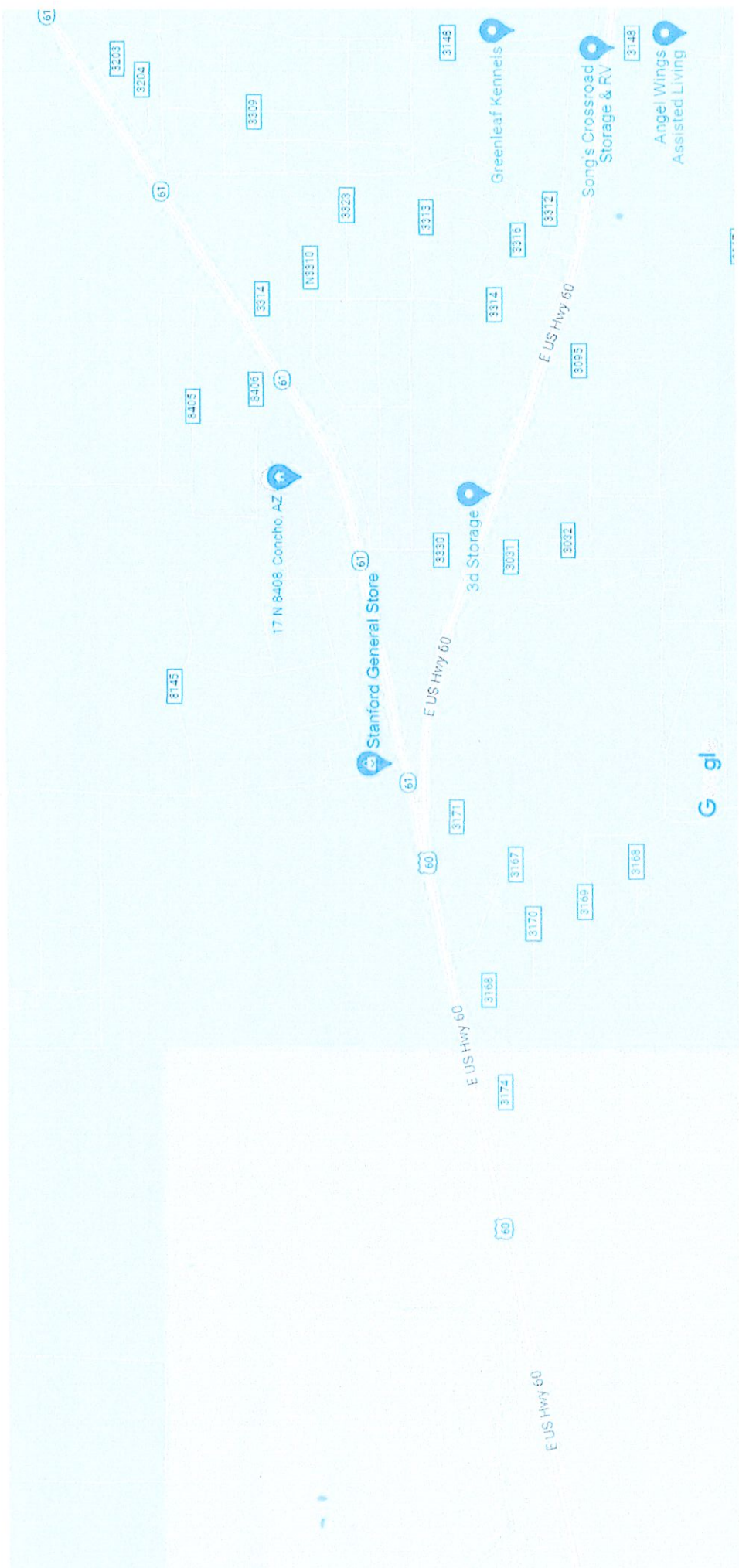
220'

168'

263'

183'

57'



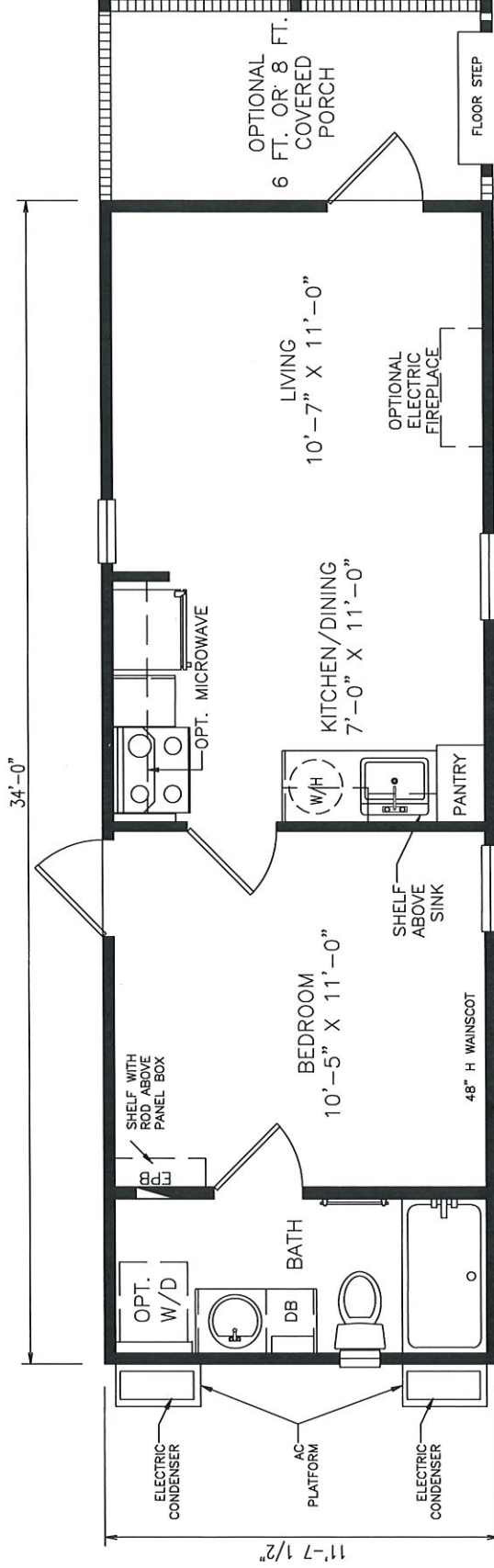
Holman

Select Series - Single Section Series

395 SQ. FT. (Approximate) 1 Bedroom, 1 Bath



Last Updated: 6-1-22



FACTORY SELECT HOMES
8610 E. Main Street
Mesa, AZ 85207

FactorySelectMobileHomes.com | 1-800-670-1464

IMPORTANT: Alta Cima Corp reserves the right to modify, cancel or substitute products or features of this event at any time without prior notice or obligation. Pictures and other promotional materials are representative and may depict or contain floor plans, square footages, elevations, options, upgrades, extra design features, decorations, floor coverings, specialty light fixtures, custom paint and wall coverings, window treatments, landscaping, sound and alarm systems, furnishings, appliances, and other designer/decorator features and amenities that are not included as part of the home and/or may not be available at all locations. Home, pricing and community information is subject to change, and homes to prior sale, at any time without notice or obligation. ©2020 Alta Cima Corp. All rights reserved.

MANUFACTURED BY:



I authorize Factory Select Homes to build my house, per this plan.

X _____
Customer Signature/Date





JEANNE COPY

GENERAL INFORMATION

1 Project Name

Project Name BEGOVAC SINGLE-FAMILY RESIDENCE(S)

2 Property Owner

(Check One) Owner Operator

Name JEANNE BEGOVAC

Phone 602 332 9849

Title _____

Firm Name _____

Mailing Address PO Box 733

City VERNON

State AZ

Zip 85940

Email j.begovac1@gmail.com

3 Contact Person/Agent (if different from applicant)

Name _____

Phone _____

Title _____

Firm Name _____

Mailing Address _____

City _____

State _____

Zip _____

Email _____

4 Site Information

County APACHE

City HIDDEN PARADISE ANNEX PART OF LOT 2

Township 10N

Range 24E

Section 4

Lat: 34.29885°N Long: -109.80941°W

Latitude 34 ° 17 ' 37.4 " N

Longitude 109 ° 48 ' 33.9 " W

Address 19N 8409

Parcel Number 106-26-003D Size 3.48 Acres

5 Existing Environmental Permits N/A

List any other federal or state environmental permits issued for or needed by the facility, including any individual permit, Groundwater Quality Protection Permit, or Notice of Disposal that may have previously authorized the discharge (attach additional pages if necessary)

SUPPLEMENTAL INFORMATION

6 Information and Submission Requirements (Check All Completed Items)

- Site Investigation Report per A.A.C. R18-9-A309(B)(1)
- Site Plan per A.A.C. R18-9-A309(B)(2)
- Agency review fee (see instructions)

7 Design Flow and Strength of Wastewater

A) Design flow per A.A.C. R18-9-A309(B)(3) 750 gallons per day MAIN HOUSE & GUEST HOUSE

B) The expected strength of the wastewater (if the strength exceeds the levels for typical sewage) is attached? Yes

C) For single family dwelling, a list of the number of bedrooms and plumbing fixtures and corresponding unit flows used to calculate the design flow of the facility per A.A.C. R18-9-A314.

Wastewater Source	Number	Unit Flows used to calculate the design flow of the facility
Bedrooms	<u>5 (3+2)</u>	<u>150 GPD / BEDROOM</u>
Plumbing Fixtures	<u>16 (9+7)</u>	<u>32 FIXTURE UNITS</u>

DEPARTMENT USE ONLY

Floodplain Review: Out of Floodplain _____

Reviewed By: _____

Within Floodplain _____

Date Reviewed: _____

FIXTURE COUNT CHART and DAILY DESIGN FLOW CHART

Use the Fixture Count Chart. Use the System Design Flow Chart to determine tank size and design flow. Determine the appropriate minimum tank size and system daily design flow.

FIXTURE COUNT CHART MAIN HOUSE

Residential Fixture Type	Proposed # of Each Fixture Type	Multipl y by	Fixtur e Units	Equal s	Total # of Fixtures Units
Bath tub		x	2	=	
Bidet		x	2	=	
Dishwasher, service	1	x	2	=	2
Clothes washer (with or without laundry tub)	1	x	2	=	2
Utility tub or sink separate from clothes washer		x	2	=	
Sink, Kitchen (with or without dishwasher)	1	x	2	=	2
Shower, single stall	2	x	2	=	2
Sink, bar		x	1	=	
Sink, service		x	3	=	
Lavatory, single or double	2	x	1	=	4
*Toilet, 1.6 gallons per flush (gpf)	2	x	3	=	6
*Toilet, between 1.6 and 3.2 gpf		x	4	=	
*Toilet, greater than 3.2 gpf		x	6	=	
FIXTURE COUNT TOTAL				=	18
PHYSICAL NUMBER OF BEDROOMS				=	3

*Toilets currently available in Arizona are 1.6 gallons per flush. Older fixtures may not use the same amount of gallons per flush.

SYSTEM DESIGN FLOW CHART

Number of Bedrooms	Fixture Count	Minimum Tank Size (gals)	System Design Flow (gpd)
1	7 or less	1000	150
	More than 7	1000	300
2	14 or less	1000	300
	More than 14	1000	450
3	21 or less	1000	450
	More than 21	1250	600
4	28 or less	1250	600
	More than 28	1500	750
5 COMBINED	35 or less	1500	750
	More than 35	2000	900

NOTE: For a single residence with more than 5 bedrooms, use R18-9-A314(4)(A) as the basis for determining septic tank size and system design flow.

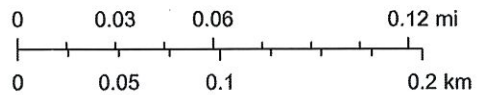
Apache County Engineering



9/13/2022, 3:45:20 PM

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- Parcel
- Highways
- N Roads
- Apache County
- Passable



Maxar





