



PINAL COUNTY  
wide open opportunity

**PINAL COUNTY COMMUNITY DEVELOPMENT  
BUILDING SAFETY DIVISION**

31 N. PINAL ST. BLDG. F, FLORENCE, AZ 85132/520-866-6405

**REVISION ONLY**

*(Please fill out all applicable fields for your revision)*



**TYPE OF REVISION:** STANDARD PLAN \_\_\_\_\_ BUILDING PERMIT \_\_\_\_\_ POOL/SPA \_\_\_\_\_ OTHER \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**PERMIT NUMBER:** PER \_\_\_\_\_ **STANDARD PLAN NUMBER:** \_\_\_\_\_

**PROPERTY OWNER(S)/RENTER/TENANT** \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**BUILDER/CONTRACTOR** \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LICENSE # & CLASS \_\_\_\_\_

**SETBACKS (FROM EAVES):** FRONT \_\_\_\_\_ LEFT SIDE \_\_\_\_\_ RIGHT SIDE \_\_\_\_\_ REAR \_\_\_\_\_

\*The setbacks should be measured from either the **property line** or **future road right-of-way**, whichever is **more** restrictive.\*

HEIGHT OF BUILDING \_\_\_\_\_

**RESIDENTIAL/COMMERCIAL SQUARE FOOTAGE (IF DIFFERENT FROM ORIGINAL APPLICATION):**

BASEMENT \_\_\_\_\_ 1ST FLOOR \_\_\_\_\_ 2ND FLOOR \_\_\_\_\_ GARAGE \_\_\_\_\_

CARPORT/PORCHES \_\_\_\_\_ TOTAL SQUARE FOOTAGE \_\_\_\_\_ # OF STORIES \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_

**DESCRIPTION OF REVISION (WHAT HAS CHANGED FROM ORIGINAL APPLICATION):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DISTRICT OFFICE WHERE YOU WANT TO PICK UP PERMIT:** FL \_\_\_\_\_ CG \_\_\_\_\_ AJ \_\_\_\_\_ OR \_\_\_\_\_

**CONTACT PERSON (WHO DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP AND/OR QUESTIONS?):**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

\_\_\_\_\_  
PRINT NAME PLEASE SIGNATURE OF OWNER/ AGENT DATE OF APPLICATION

SPECIAL CONDITIONS: \_\_\_\_\_

**FOR OFFICE USE ONLY**

TYPE OF CONSTRUCTION: \_\_\_\_\_  
OCCUPANCY CLASS: \_\_\_\_\_  
OCCUPANT LOAD: \_\_\_\_\_

PLANS EXAMINER: \_\_\_\_\_  
ECD DATE: \_\_\_\_\_  
REVISION/PLAN REVIEW FEE: \_\_\_\_\_



PINAL COUNTY COMMUNITY  
DEVELOPMENT SERVICES

**PROPERTY OWNER AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize:  
Property owner

\_\_\_\_\_  
Applicant

To make application for the following:

\_\_\_\_\_  
Description of work

APN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

As property owner, I understand that I am responsible for any and all work that will result from the issuance of required permits, orders or notices concerning violations, including all fees the County may charge for reviews, inspections, etc. In doing this work, all provisions of the Pinal County Development Services Code, along with State and Federal laws shall be complied with.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

**(Please provide form with application)**