

**PINAL COUNTY DEVELOPMENT SERVICES
BUILDING PERMIT APPLICATION**

Building Permit # _____

TYPE OF APPLICATION: COMMERCIAL _____ RESIDENTIAL _____ TENANT IMPROV _____ REMODEL/ADDITIONS _____ DEMO _____

JOB/STREET ADDRESS: _____

ASSESSOR'S PARCEL #: BOOK _____ MAP _____ PARCEL _____ MLD# (IF APPLICABLE) _____

LEGAL DESCRIPTION: SUBDIVISION _____ UNIT/BLOCK _____ LOT _____
SECTION _____ TOWNSHIP _____ N/S, RANGE _____ E/W, SIZE OF PARCEL _____

PROPERTY OWNER(S)/RENTER/TENANT _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

BUILDER/CONTRACTOR _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

LICENSE # & CLASS _____

CLASS OF WORK (check one) NEW _____ ALTERATION _____ ADDITION _____ ESTIMATED VALUE \$ _____

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 _____ ARE THERE ANY OUTDOOR LIGHT FIXTURES ON BUILDING?? YES or NO

IS THERE A WASH/ WATER COURSE ON THE PROPERTY? YES NO INITIAL _____

IF YES, WHAT IS THE DISTANCE FROM BUILDING? _____

A ONE TIME FEE OF \$20.00 MAY BE ASSESSED TO ALL PERMITS FROM THE PINAL COUNTY FLOOD CONTROL DISTRICT (FOR REVIEW OF WASHES, FLOOD PLAIN, FISSURES AND REGIONAL ROUTES) PAYABLE AT THE TIME OF PERMIT PICKUP.

RESIDENTIAL/COMMERCIAL SQUARE FOOTAGE: BASEMENT _____ 1ST FLOOR _____ 2ND FLOOR _____ GARAGE _____

CARPOR/PORCHES _____ TOTAL SQUARE FOOTAGE _____ # OF STORIES _____ # OF BEDROOMS _____

ADDITIONS SQUARE FOOTAGE: LIVABLE _____ GARAGE _____ REMODEL _____ CARPORT/PORCHES/ENCLOSURES _____

UTILITIES: SEWER _____ SEPTIC _____ GAS _____ LPG _____ ELEC _____ WATER _____ WELL _____

SANITARY DIST/ CLEARANCE #: _____ GAS CO: _____ ELECTRIC CO: _____

EXISTING USE: _____ **PROPOSED USE:** _____

Do you plan on having a home occupation? Yes or No (Please circle one) Initial: _____

NOTE: (For FBB or temporary trailers, must provide Unit Serial# and FBB Insignia#) SERIAL# _____ INSIGNIA# _____

OFFICE WHERE YOU WANT TO PICK UP PERMIT: FLORENCE _____ CASA GRANDE _____ APACHE JCT _____ ORACLE _____

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 _____ X _____ DATE OF APPLICATION _____
SIGNATURE OF OWNER/ AGENT

SPECIAL CONDITIONS: _____

| FOR OFFICE USE ONLY | | | | CR# | _____ |
|------------------------------------|---------|--|-----------------|------------------------|-------|
| ADDRESS | YES NO | ADDRESS FEES | _____ P/D _____ | SPR# | _____ |
| AREA | N S E W | ZONING FEES | _____ P/D _____ | | |
| DISTRICT | 1 2 3 | | | TYPE OF CONSTR. | _____ |
| FLOODZONE | _____ | SUBMITTAL FEE | _____ REC _____ | OCCUP. CLASS | _____ |
| NON-CONF | _____ | PLAN CHECK | _____ REC _____ | PLANS EXAMINER | _____ |
| ZONING | _____ | PERMIT FEE | _____ REC _____ | ACT. VALUATION | _____ |
| INSPECTOR | _____ | | | OCCUPANT LOAD | _____ |
| IN-HOUSE | _____ | | | SPRINKLERED? Yes or NO | _____ |
| ZONING CLEARANCE FOR SEPTIC ISSUED | YES NO | | | ECD: | _____ |
| Application updated: 3/2014 | | FIRE DISTRICT NOTIFICATION: _____ | | | |