Building Permit #

PINAL COUNTY DEVELOPMENT SERVICES
WALL/FENCE PERMIT APPLICATION

TYPE OF WALL/FENCE: *SUBDIVISION _____RESIDENTIAL _____COMMERCIAL _____RETAINING _____**

PARCEL # BOOK _____ MAP _____ PARCEL _____

SECTION: _____ TOWNSHIP _____ RANGE _____

SUBDIVISION/PARK _____ LOT# _____

STREET ADDRESS: _____ CITY/STATE/ZIP _____

PROPERTY OWNER(S) _____ ADDRESS_____

CITY/STATE/ZIP_____PHONE_____

CONTRACTOR_____ ADDRESS _____

CITY/STATE/ZIP _____ LICENSE/CLASS _____

HEIGHT OF FENCE/WALL IN FRONT YARD _____ VARIANCE: YES NO N/A

HEIGHT OF FENCE/WALL IN REAR & SIDE YARD _____ VARIANCE: YES NO N/A

LINEAL FOOTAGE_____ **** (Only required for Subdivision Walls/Fences)***

HEIGHT _____ X LENGTH _____ = TOTAL _____ *****(Only required for Retaining Walls)***

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)

NAME _____ PHONE _____

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

FOR OFFICE USE ONLY

ADDRESS	**YES NO**	**FLOODZONE**	_____	**PLAN CHECK FEE**	_____
AREA	**N S E W**	**NON-CONF**	_____	**PERMIT FEE**	_____
DISTRICT	**1 2 3**	**ZONING**	_____	**PT/PE**	_____
CCO	_____			**ECD:**	_____