

**PINAL COUNTY
COMMUNITY DEVELOPMENT
MONUMENT/SIGN PERMIT APPLICATION**

Building Permit #

JOB/STREET ADDRESS: _____

ASSESSOR'S PARCEL #: BOOK _____ MAP _____ PARCEL _____ SUITE # (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 _____

- TYPE OF SIGN:** DIRECTIONAL FREE STANDING WALL MOUNTED FLAG POLE
- ILLUMINATED → WILL SIGN ILLUMINATION REQUIRE INSTALLATION OF NEW METER? YES NO
- OTHER: _____

HEIGHT OF SIGN: _____

OF FACES: _____

TOTAL SQUARE FEET OF SIGN: _____

EXISTING USE: _____

PROPOSED USE: _____ (ex: Sign for Establishment Name)

DISTRICT OFFICE WHERE YOU WANT TO PICK UP PERMIT: FL _____ CG _____ AJ _____ OR _____

CONTACT PERSON (WHOM 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 OF APPLICATION

SPECIAL CONDITIONS: _____

FOR OFFICE USE ONLY

ADDRESS	YES NO				
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	_____			ECD DATE:	_____
IN-HOUSE	_____				