



PINAL COUNTY
wide open opportunity

PINAL COUNTY COMMUNITY DEVELOPMENT

31 N. PINAL ST. BLDG. F, FLORENCE, AZ 85132/520-866-6642
(Incomplete applications will not be accepted)



1. THE LEGAL DESCRIPTION OF THE PROPERTY:

2. TAX ASSESSOR PARCEL NO.:

3. CURRENT ZONING: _____ REQUESTED ZONING: _____

4. SIZE (TO THE NEAREST 1/10TH OF AN ACRE): _____

5. THE EXISTING USE OF THE PROPERTY IS AS FOLLOWS:

6. THE EXACT USE PROPOSED UNDER THIS REQUEST:

7. IF THE PROPERTY IS WITHIN 3 MILES OF AN INCORPORATED COMMUNITY, HAVE YOU DISCUSSED THE APPLICATION WITH THE COMMUNITY DEVELOPMENT OF THAT COMMUNITY? (PLEASE ATTACH A LETTER FROM THAT DEPARTMENT INDICATING THEIR RESPONSE TO THIS PROPOSAL): YES ___ NO ___

8. IS THERE A ZONING VIOLATION ON THE PROPERTY FOR WHICH THE OWNER HAS BEEN CITED? YES _____ ZONING VIOLATION # _____ NO _____

9. DISCUSS ANY RECENT CHANGES IN THE AREA THAT WOULD SUPPORT YOUR APPLICATION, I.E.: ZONING CHANGES, SUBDIVISION APPROVAL, UTILITY OR STREET IMPROVEMENTS, AN ADOPTED AREA PLAN, SIMILAR CHANGES:

10. EXPLAIN WHY THE PROPOSED DEVELOPMENT IS NEEDED TO SERVE THE COMMUNITY OR NEIGHBORHOOD AT THIS TIME:

RECEIPT #: _____ AMT: _____ DATE: _____ CASE: _____

IN ADDITION TO THIS APPLICATION YOU WILL NEED TO SUBMIT:

- A) A DETAILED SITE PLAN, DRAWN TO A MINIMUM SCALE OF 1" = 100', NOT LARGER THAN 11" X 17". THE SITE PLAN MUST INCLUDE THE FOLLOWING:
 - 1. SIZE AND SHAPE OF PARCEL; PROPERTY DIMENSIONS; NORTH ARROW;
 - 2. SHOW ADJACENT STREETS, RIGHTS-OF-WAY, EASEMENTS AND SETBACKS, INDICATE SIZE, PURPOSE AND WHETHER PUBLIC OR PRIVATE;
 - 3. LOCATION, SIZE AND USE OF ALL EXISTING AND PROPOSED BUILDINGS AND DISTANCE FROM LOT LINES AND EACH OTHER;
 - 4. DRIVEWAYS AND PARKING AREAS;
 - 5. EXISTING AND PROPOSED UTILITIES;
 - 6. ANY OTHER INFORMATION AS MAY BE APPLICABLE, I.E.; LANDSCAPING, NATURAL FEATURES, EXCAVATION SITES, ETC.
- B) THE "SUPPORTING INFORMATION" AND THE SUBMITTAL CHECKLIST FOR THE REQUESTED ACTION.
- C) A MAP OF THE AREA WITH THE 300 FEET BOUNDARY SHOWN. (A TAX ASSESSOR PARCEL MAP IS ACCEPTABLE.)
- D) THE NON-REFUNDABLE FILING FEE ACCORDING TO THE FEE SCHEDULE. (THE APPLICATION IS NOT CONSIDERED FILED UNTIL THE FEES ARE PAID.)

THIS APPLICATION MUST BE SUBMITTED IN PERSON:

I CERTIFY THAT I HAVE SUBMITTED ALL OF THE REQUIRED INFORMATION LISTED ABOVE, AND THAT THE INFORMATION IS FACTUAL. I ALSO UNDERSTAND IF THE APPLICATION IS INCOMPLETE UPON SUBMISSION, IT CANNOT BE FURTHER PROCESSED.

NAME OF APPLICANT	MAILING ADDRESS	PHONE NUMBER
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IF THE APPLICANT IS NOT THE LANDOWNER, A NOTARIZED LETTER AUTHORIZING THE APPLICANT TO REPRESENT THE OWNER MUST ACCOMPANY THIS APPLICATION.

NAME OF LANDOWNER	MAILING ADDRESS	PHONE NUMBER
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ALL NOTICES WILL BE MAILED TO THE APPLICANT UNLESS OTHERWISE NOTED:

NAME & ADDRESS OF PERSON TO BE NOTIFIED	PHONE NUMBER
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SIGNATURE OF APPLICANT	DATE
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SIGNATURE OF APPLICANT	DATE
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**PROPERTY OWNERSHIP LIST
(REQUIRED FOR FILING ALL APPLICATIONS)**

INSTRUCTIONS:

PRINT NAME, ADDRESS, CITY, STATE, ZIP CODE AND TAX PARCEL NUMBER FOR EACH PROPERTY OWNER WITHIN 300 FEET OF THE SUBJECT PARCEL BOUNDARY.

PARCEL NUMBER:
NAME:
ADDRESS:
CITY/STATE/ZIP:

PARCEL NUMBER:
NAME:
ADDRESS:
CITY/STATE/ZIP:

PARCEL NUMBER:
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PARCEL NUMBER:
NAME:
ADDRESS:
CITY/STATE/ZIP:

PARCEL NUMBER:
NAME:
ADDRESS:
CITY/STATE/ZIP:

I HEREBY VERIFY THAT THE LIST ABOVE WAS OBTAINED ON THE _____ DAY OF _____
20____, AT THE OFFICE OF _____, AND IS ACCURATE AND COMPLETE TO
THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

Subscribed and sworn to before me this _____ day of _____, 2_____.

Notary Public, _____

My commission expires: _____

(IF ADDITIONAL COPIES OF THIS FORM ARE NEEDED, PLEASE PHOTOCOPY)

TEMPORARY USE PERMITS
Chapter 2.151 PCDSC
(ATTACH ADDITIONAL PAGES AS NECESSARY)

THE PLANNING AND ZONING COMMISSION AND THE BOARD OF SUPERVISORS FIND THAT THERE IS A NEED IN PINAL COUNTY FOR THE ISSUANCE OF TEMPORARY USE PERMITS FOR THOSE TEMPORARY USES WHICH ARE REQUIRED FOR THE PROPER FUNCTION OF THE COUNTY, CONSTRUCTION OF A PUBLIC FACILITY OF SUCH A TRANSITORY NATURE THAT CAN BE HANDLED ON A DEPARTMENTAL BASIS.

TEMPORARY USE PERMITS MAY BE ISSUED FOR THE FOLLOWING TEMPORARY USES:

- A. BATCH PLANT;
- B. OFF-SITE PARKING AND STORAGE OF EARTH MOVING OR CONSTRUCTION EQUIPMENT;
- C. OFF-SITE CONTRACTOR'S EQUIPMENT YARD OR WAREHOUSE INCIDENTAL TO THE CARRYING ON OF PUBLIC WORKS PROJECTS OR DEVELOPMENT PROJECTS;
- D. REAL ESTATE SALES OFFICE IN CONJUNCTION WITH A DEVELOPMENT PROJECT;
- E. RV FOR SECURITY PURPOSES ON THE SITE OF AN ACTIVE CONSTRUCTION SITE FOR DEVELOPMENT PROJECTS DURING THE CONSTRUCTION PERIOD;
- F. RV FOR ON-SITE OCCUPANCY DURING THE CONSTRUCTION OF A SINGLE-FAMILY RESIDENCE UNDER AN ACTIVE BUILDING PERMIT;
- G. SUCH OTHER USES AS THE PLANNING DIRECTOR DEEMS APPROPRIATE.

1. WHICH CATEGORY ABOVE APPLIES TO THIS APPLICATION? _____
2. IF ITEM (G) ABOVE, PROVIDE INFORMATION AS TO THE USE AND EVIDENCE THAT IT IS IN ACCORDANCE WITH THE INTENT OF THIS SECTION.

THE APPLICANT MUST PROVIDE SUFFICIENT INFORMATION ON THE SEWAGE DISPOSAL, INGRESS/EGRESS AND DUST CONTROL SO THAT THIS DEPARTMENT IS ASSURED ADEQUACY PRIOR TO APPLICATION SUBMITTAL. A TEMPORARY USE PERMIT CANNOT BE APPROVED UNLESS ALL NECESSARY PERMITS/LETTERS HAVE BEEN SUBMITTED.

3. HAVE YOU CONTACTED AND RECEIVED LETTERS OF APPROVAL FROM THE AQUIFER PROTECTION, PUBLIC WORKS AND AIR QUALITY CONTROL DEPARTMENTS? YES ___ NO ___ IF YES, ATTACH COPIES OF LETTERS RECEIVED.

DISCUSS EACH OF THE FOLLOWING QUESTIONS, IN THE SPACE PROVIDED OR ON AN ATTACHED SHEET, AS IT APPLIES TO THIS APPLICATION. MAKE SURE INDICATED ITEMS ARE SHOWN ON THE SITE PLAN.

1. WHAT IS THE AMOUNT OF TRAFFIC TO BE GENERATED? (NUMBER OF TRIPS/DAY, DELIVERIES/WEEK). SHOW INGRESS/EGRESS ON THE SITE PLAN.

2. HOW MANY PARKING SPACES WILL BE PROVIDED? (EMPLOYEES AND CUSTOMERS). INDICATE WHERE THESE WILL BE ON THE SITE PLAN.

3. IS THERE POTENTIAL FOR EXCESSIVE NOISE OR PRODUCTION OF SMOKE, FUMES, DUST OR GLARE WITH THIS ACTIVITY? IF YES, DISCUSS HOW YOU WILL ALLEVIATE THESE PROBLEMS FOR YOUR NEIGHBORS.

4. WHAT KIND OF SIGNAGE ARE YOU PROPOSING FOR THE ACTIVITY? WHERE WILL THE SIGNS BE LOCATED?

IN APPROVING A TEMPORARY USE PERMIT, THE APPROVAL SHALL BE MADE SUBJECT TO A TIME LIMIT AND OTHER CONDITIONS DEEMED NECESSARY TO ASSURE NO ADVERSE EFFECTS.

1. WHAT IS THE LENGTH OF TIME FOR WHICH YOU ARE MAKING THIS REQUEST?

2. HAVE YOU DISCUSSED POSSIBLE CONDITIONS THAT MAY BE PLACED ON THE PERMIT WITH THE PLANNING AND DEVELOPMENT DEPARTMENT? YES _____ NO _____

AFFIDAVIT

STATE OF ARIZONA

COUNTY OF PINAL

I, _____ DO HEREBY DECLARE THAT:

1. I AM THE APPLICANT FOR A TEMPORARY USE PERMIT FOR:

2. I UNDERSTAND AND WILL COMPLY WITH THE CONDITION(S) OF THE TEMPORARY USE PERMIT.

3. I UNDERSTAND THIS TEMPORARY USE PERMIT WILL TERMINATE ON THE DATE SPECIFIED BY THE DIRECTOR OF THE PLANNING AND DEVELOPMENT DEPARTMENT.

4. I AM REQUIRED TO RESTORE THIS SITE, AT A MINIMUM, TO THE CONDITIONS EXISTING PRIOR TO THIS REQUESTED USE.

5. I UNDERSTAND THAT ALL FINANCIAL OR OTHER OBLIGATIONS RESULTING FROM APPROVAL OR CONDITIONAL APPROVAL OF THIS TEMPORARY USE PERMIT ARE THE SOLE RESPONSIBILITY OF THE APPLICANT. POSTING OF A BOND MAY BE REQUIRED FOR ESTIMATED FINANCIAL OBLIGATIONS.

FURTHER AFFIANT SAITH NOT

SIGNATURE OF AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME _____, A NOTARY PUBLIC IN AND FOR THE COUNTY OF _____, ON THIS _____ DAY OF _____, 20__.

(SEAL)

SIGNATURE OF NOTARY PUBLIC

TEMPORARY USE PERMIT CHECKLIST
Chapter 2.151 PCDSC

THE FOLLOWING ITEMS SHALL BE SUBMITTED AS PART OF A REQUEST FOR A TEMPORARY USE PERMIT:
CHECK IF COMPLETE

1. COMPLETED APPLICATION FOR A TEMPORARY USE PERMIT.
2. SITE PLAN PREPARED AT A MINIMUM SCALE OF 1" = 100'. IF LARGER THAN 11"X17", THE APPLICANT SHALL SUBMIT A LEGIBLE BLACK LINE REDUCTION OF THE SITE PLAN TO 11"X17" MAXIMUM. THE MINIMUM REQUIREMENTS FOR THE SITE PLAN ARE OUTLINED ON PAGE 2 OF THIS APPLICATION.
3. A NAME LIST, VERIFIED BY THE APPLICANT, MADE WITHIN 30 DAYS PRIOR TO THIS SUBMISSION, OF THE NAMES, MAILING ADDRESSES AND TAX PARCEL NUMBERS OF ALL PROPERTY OWNERS WITHIN 300 FEET OF THE SUBJECT PROPERTY.
5. COMPLETED "SUPPORTING INFORMATION" SHEET FOR A TEMPORARY USE PERMIT.
6. LETTERS OF APPROVAL FROM:

_____ AIR QUALITY CONTROL DEPARTMENT
_____ AQUIFER PROTECTION
_____ PUBLIC WORKS

7. SIGNED AFFIDAVIT INDICATING A WILLINGNESS TO COMPLY WITH ALL REQUIREMENTS OF PCDSC 2.151.
8. NON-REFUNDABLE \$427.00 FILING FEE FOR A TEMPORARY USE PERMIT.
9. SIGNED TEMPORARY USE PERMIT CHECKLIST.

I CERTIFY THAT I HAVE SUBMITTED ALL OF THE REQUIRED INFORMATION LISTED ABOVE, AND I UNDERSTAND THAT THIS APPLICATION FOR A TEMPORARY USE PERMIT CANNOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS SUBMITTED AND ACCEPTED.

SIGNED BY:

DATE: