PINAL • COUNTY
wide open opportunity

APPLICATION FOR TEMPORARY USE PERMIT IN UNINCORPORATED PINAL COUNTY, ARIZONA

(ALL APPLICATIONS MUST BE TYPED OR WRITTEN IN INK)

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 FOOT 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

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

ALL NOTICES WILL BE MAILED TO THE APPLICANT UNLESS OTHERWISE NOTED:

_____

NAME & ADDRESS OF PERSON TO BE NOTIFIED PHONE NUMBER

_____

SIGNATURE OF APPLICANT DATE

_____

SIGNATURE OF APPLICANT DATE

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 NO.: _____ PARCEL NO.:
NAME: _____ NAME:
ADDRESS:_____ ADDRESS:
CITY/ST/ZIP: _____ CITY/ST/ZIP: _____

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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 TUP CANNOT BE APPROVED UNLESS ALL NECESSARY PERMITS/LETTERS HAVE BEEN SUBMITTED.

3. HAVE YOU CONTACTED AND RECEIVED LETTERS OF APPROVAL FROM THE HEALTH, HIGHWAY 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 TUP, 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_____

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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
   _____HEALTH DEPARTMENT
   _____HIGHWAY DEPARTMENT

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: