



P I N A L • C O U N T Y  
*wide open opportunity*

**Minor Land Division Application**  
**ORDINANCE NO. 120606-RMLD**  
(ORDINANCE TO REGULATE MINOR LAND DIVISIONS)

PLEASE TAKE A MOMENT TO FAMILIARIZE YOURSELF WITH THE ORDINANCE. THE ORDINANCE AND THE APPLICATION CAN BE VIEWED AND DOWNLOADED FROM <http://pinalcountyyaz.gov/PlanDev/>

**NOTE:** ANY SURVEYOR THAT YOU CHOOSE FROM PINAL COUNTY AND SURROUNDING AREAS IS LIKELY TO BE VERY FAMILIAR WITH THE MINOR LAND DIVISION PROCESS AND SHOULD BE ABLE TO HELP GUIDE YOU THROUGH THE PROCESS. SHOULD YOU STILL HAVE QUESTIONS, DON'T HESITATE TO CALL, 520-866-6679.

**GUIDELINES:**

1. THE PARENT PARCEL **MUST** HAVE ITS OWN UNIQUE PARCEL NUMBER.
2. PLEASE PROVIDE A COPY OF YOUR PRELIMINARY **TITLE REPORT** TO YOUR SURVEYOR AT THE TIME YOU CONTRACT TO HAVE YOUR SURVEY DONE.
3. PINAL COUNTY REQUESTS THAT **ALL TAXES ARE PAID** PRIOR TO SUBMITTING YOUR MINOR LAND DIVISION APPLICATION.
4. IF YOU **OWN AN ADJOINING PARCEL** OR HAVE PREVIOUSLY SOLD LAND ADJACENT TO YOUR PRESENT PROPERTY, THIS WILL BE COUNTED AS PART OF YOUR LAND DIVISION IN DETERMINING THE NUMBER OF LOTS.
5. RECORDING OF YOUR SURVEY DOES NOT DIVIDE THE PROPERTY. IT TAKES A DEEDING ACTION TO DIVIDE YOUR PROPERTY.
6. IF YOU ARE CONNECTING TO A COUNTY ROAD, PLEASE CONTACT PUBLIC WORKS AT 520-866-6411 (800-208-6897 EXT. 6411) TO BEGIN OBTAINING THE REQUIRED PERMITS.
7. ***AS THE POTENTIAL SELLER OF 5 OR FEW PARCELS, PLEASE TAKE TIME TO REVIEW ARIZONA REVISED STATUTE 33-422 TO UNDERSTAND YOUR RESPONSIBILITY REGARDING THE AFFIDAVIT OF DISCLOSURE.***

**WHAT YOU WILL NEED TO BRING WITH YOU:**

\_\_\_ A CURRENT (NO OLDER THAN 30 DAYS) TITLE SEARCH REPORT WHICH INCLUDES A LEGAL DESCRIPTION OF THE PROPERTY AS SHOWN IN THE DEED AND RECORDS (DKT/BK & PG) OF ALL EASEMENTS AND RIGHTS OF WAY ON, THROUGH OR ADJOINING THE SUBJECT PROPERTY ( SCHEDULE 'B' ). (PLEASE PROVIDE THIS REPORT TO YOUR SURVEYOR SO THAT ALL INFORMATION CAN BE INCLUDED ON YOUR INITIAL DRAWINGS AND NOT DELAY YOUR PROJECT.)

- \_\_\_ COPIES OF ALL DOCUMENTS WHICH VERIFY LEGAL ACCESS TO YOUR PROPERTY.
  
- \_\_\_ PINAL COUNTY ASKS THAT ALL PROPERTY TAXES BE PAID IN FULL PRIOR TO THE SUBMITTAL OF THE APPLICATION FOR THE DIVISION OF YOUR PROPERTY.
  
- \_\_\_ 2 COPIES OF YOUR SURVEY SHOWING HOW YOU ARE PROPOSING TO DIVIDE YOUR PROPERTY. **(DRAWINGS MAY BE 18 X 24 OR 24 X L36)**
  
- \_\_\_ A COPY OF THE LEGAL DESCRIPTIONS FOR EACH PARCEL THAT YOU ARE PROPOSING TO CREATE.
  
- \_\_\_ A COPY OF YOUR RECORDED DEED.
  
- \_\_\_ BRING YOUR COMPLETED APPLICATION WHICH INCLUDES ALL OWNER(S) NOTARIZED SIGNATURES, COMPLETED NOTARIZED AGENT AUTHORIZATION SECTION NOTARIZED (IF APPLICABLE). **(IF YOU DO NOT HAVE ACCESS TO A NOTARY, WAIT TO SIGN YOUR APPLICATION UNTIL YOU SUBMIT IT, WE HAVE A NOTARY AVAILABLE HERE.)**
  
- \_\_\_ COMPLETED SURVEYOR SECTION.
  
- \_\_\_ COMPLETED AND NOTARIZED NOTICE OF DEFICIENCY, IF NECESSARY.
  
- \_\_\_ **PLEASE REMEMBER TO HAVE THE ASSESSOR AND TREASURER FILL IN THEIR PORTION OF THE APPLICATION PRIOR TO YOUR SUBMITTING. THE ASSESSOR WILL NEED TO BORROW ONE OF THE SURVEY DRAWINGS. THEY ARE BOTH LOCATED IN BUILDING E.**
  
- \_\_\_ NOW IT IS TIME TO BRING EVERYTHING TO BUILDING “F” AND SUBMIT YOUR COMPLETED APPLICATION AND ACCOMPANYING DOCUMENTS.
  
- \_\_\_ **OUR FEE FOR PROCESSING YOUR APPLICATION IS \$560.00. IF YOU ARE PAYING WITH CHECK OR MONEY ORDER, PLEASE MAKE IT PAYABLE TO “PINAL COUNTY”.**  
***WE DO NOT ACCEPT CREDIT CARDS.***

THANK YOU FOR YOUR COOPERATION. WE LOOK FORWARD TO WORKING WITH YOU.

MINOR LAND DIVISION COORDINATOR  
520-866-6679  
fax: 520-866-6435  
e-mail: [John.Edwards@pinalcountyaz.gov](mailto:John.Edwards@pinalcountyaz.gov)

PINAL COUNTY PLANNING & DEVELOPMENT SERVICES  
31 N. PINAL STREET BLDG F · P.O. BOX 2973 · FLORENCE, ARIZONA 85232 · 520-866-6442 · FAX 520-866-6435



PINAL COUNTY  
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**REQUEST FOR WAIVER ON  
DEVIATION OF MINIMUM LOT SIZE**

The **Ordinance No.120606-RMLD – Ordinance to Regulate Minor Land Divisions** requires all parcels created by a Minor Land Division that are less than the minimum parcel size for parcels in areas that are zoned for a minimum lot size of one acre or more be approved by the Planning Director (SEC. 505 Waivers on Deviation of Minimum Lot Size).

REASON FOR REQUEST FOR DEVIATION WAIVER: \_\_\_\_\_

\_\_\_\_\_

The following parcel has been created and meets the above criteria:

PARENT PARCEL APN: \_\_\_\_\_ SEC \_\_\_ TWP \_\_\_ RNG \_\_\_

PROPERTY ADDRESS (IF APPLICABLE): \_\_\_\_\_

LEGAL DESCRIPTION OF PARENT PARCEL: PLEASE ATTACH

MLD NO: \_\_\_\_\_

PARCEL NO/LETTER ON MLD: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPOSED PARCEL: PLEASE ATTACH

ZONING: \_\_\_\_\_

MINIMUM PARCEL SIZE PER ZONING (SQ FT): \_\_\_\_\_

PROPOSED PARCEL SIZE (SQ FT): \_\_\_\_\_

REQUESTED BY: ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
OWNER NAME (PRINT)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
OWNER'S AGENT (IF APPLICABLE)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE

**APPROVED:**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# MLD NOTICE OF DEFICIENCY

MLD # \_\_\_\_\_

PROPOSED DEFICIENT LOT \_\_\_\_\_

APN \_\_\_\_\_

OWNER \_\_\_\_\_

Section 504.3 of Pinal County **Ordinance No. 120606-RMLD – Ordinance to Regulate Minor Land Division** states:

“Noticing of deficiencies in the deed and the map survey shall consist of a detailed description of the deficiency. For zoning deficiencies, the Zoning Ordinance section(s) and the nature of the deficiencies shall be included. The deficiency notice shall include a signed, notarized statement by the property owner that no building permit or use permit will be issued on the lot, parcel, or fractional interest until the deficiencies have been removed from such lot, parcel or fractional interest.”

**I have read the Ordinance and hereby notice the following deficiency in the proposed Minor Land Division AND UNDERSTAND THAT NO BUILDING PERMIT OR USE PERMIT WILL BE ISSUED UNTIL THE DEFICIENCY HAS BEEN REMOVED.**

**ZONING ORDINANCE DEFICIENCY:** \_\_\_\_\_

**MLD ORDINANCE DEFICIENCY:** \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner: \_\_\_\_\_

State of Arizona

County of Pinal

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_ by

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_

## REMOVAL OF DEFICIENCY

The above deficiency has been shown to be removed by the recording of a document in Pinal County Recorder’s Office under Book \_\_\_\_\_ Page \_\_\_\_\_, Fee Number \_\_\_\_\_.

APPROVED: \_\_\_\_\_  
Planning & Development

DATE: \_\_\_\_\_

**MLD DEFICIENCY NOTICE**  
**Additional Owner's Signature Page**

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MLD #

PROPOSED DEFICIENT LOT

APN

OWNER

**I have read the Ordinance and hereby notice the following deficiency in the proposed Minor Land Division AND UNDERSTAND THAT NO BUILDING PERMIT OR USE PERMIT WILL BE ISSUED UNTIL THE DEFICIENCY HAS BEEN REMOVED.**

**ZONING ORDINANCE DEFICIENCY:** \_\_\_\_\_

**MLD ORDINANCE DEFICIENCY:** \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner: \_\_\_\_\_

State of Arizona

County of Pinal

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_ by

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_



PINAL COUNTY  
wide open opportunity

PINAL COUNTY PLANNING & DEVELOPMENT SERVICES  
**MINOR LAND DIVISION APPLICATION**

31 N. PINAL STREET BLDG F · P.O. BOX 2973 · FLORENCE, ARIZONA 85232 · 520-866-6442 · FAX 520-866-6435

THIS APPLICATION CONSISTS OF PARTS A, B, C AND D

**IF YOU OWN AN ADJOINING PARCEL, OR HAVE PREVIOUSLY SOLD LAND ADJACENT TO YOUR PRESENT PROPERTY, THIS WILL BE COUNTED AS PART OF YOUR LAND DIVISION IN DETERMINING NUMBER OF THE LOTS.**

If the property is owned by a **company, corporation, partnership, LLC, etc.**, please use the **Agency Authorization**, Pages 5 & 6.  
**NOTE:** The recording of your survey does not divide your property.

**PART A TO BE FILLED OUT BY APPLICANT**

*Complete the Following Information. Once Completed, Submit to the Assessor's and Treasure's Offices for review. Then Return this Application to The Planning and Development Services Department together with all Supporting Documents and a \$560.00 review fee.*

APPLICANT NAME: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

**ACKNOWLEDGMENTS:**

If you are designating a representative to act on your behalf for this Minor Land Division, please complete Page 5 also.  
I am in compliance with ARS §11-809, §32-2101 *et seq*, **AND** Pinal County Minor Land Division Ordinance 120606-RMLD with regard to land divisions.  
I also certify that I have informed my surveyor of the location(s) of all septic tank(s) and above ground structures on my property.  
Legal & physical access to the parent parcel **is / is not** traversable by 2 wheel drive passenger motor vehicle.  
Legal & physical access to the each proposed parcel **is / is not** traversable by 2 wheel drive passenger motor vehicle.

Signature of Property Owner (s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner (s): \_\_\_\_\_

Signature of Property Owner (s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner (s): \_\_\_\_\_

Signature of Property Owner (s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner (s): \_\_\_\_\_

Signature of Property Owner (s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner (s): \_\_\_\_\_

State of Arizona

County of Pinal

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_  
Printed Name of Notary

My Commission Expires: \_\_\_\_\_  
Notary

Fees Paid By: [ ] Check/MO # \_\_\_\_\_ [ ] Cash By: \_\_\_\_\_ Receipt # \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Application Number: \_\_\_\_\_

**THE FOLLOWING TWO ITEMS MUST BE COMPLETED BEFORE SUBMITTING THIS APPLICATION FOR REVIEW.**

**PART B TO BE COMPLETED BY THE ASSESSOR'S AND TREASURER'S OFFICES**

1. **ASSESSOR'S OFFICE:** TAX ASSESSOR PARCEL NUMBER (S): \_\_\_\_\_.

This split is scheduled to be added to the \_\_\_\_\_ (year) Tax Roll, upon recordation of deeds.

REVIEWED BY:

DATE:

EXTENSION:

2. **TREASURER'S OFFICE:**

A. \_\_\_\_\_ (and prior) Amount due: \$ \_\_\_\_\_  
YEAR

B. \_\_\_\_\_ Property taxes due: \$ \_\_\_\_\_  
YEAR

**Pinal County requests that all taxes be paid prior to making application.**

REVIEWED BY :

DATE:

EXTENSION:

**PART C TO BE FILLED OUT BY SURVEYOR**

**ACKNOWLEDGMENTS:**

**I, or my firm, are acting as representative for the client. Please complete Agency Authorization Form.**

I have shown all visible structures and existing improvements to the property on the submitted drawing.

If there is a dwelling and/or septic on the parent parcel, provide additional drawing for Environment Health use.

The survey drawing submitted complies with Pinal County Ordinance 120606-RMLD –Ordinance to Regulate Minor Land Divisions

Legal & physical access to the parent parcel **is / is not** traversable by 2 wheel drive passenger motor vehicle.

Legal & physical access to the each proposed parcel **is / is not** traversable by 2 wheel drive passenger motor vehicle.

SURVEYOR SIGNATURE: \_\_\_\_\_ RLS#: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ ZONING: \_\_\_\_\_ PZ CASE #: \_\_\_\_\_

IF THE PARCEL IS LOCATED INSIDE A PREVIOUSLY PLATTED SUBDIVISION OR RECORDED SURVEY COMPLETE THE FOLLOWING:

BOOK/MAP: \_\_\_\_\_ **OR** CABINET/SLIDE: \_\_\_\_\_ **OR** SURVEY BOOK/MAP: \_\_\_\_\_

**PART D TO BE FILLED OUT BY PLANNING & DEVELOPMENT**

ATLAS MAP: \_\_\_\_\_ ZONING: \_\_\_\_\_ PREVIOUS MLD: \_\_\_\_\_

FLOOD ZONE: \_\_\_\_\_ PANEL #: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

REVIEWED BY:

DATE:

APPROVED BY:

DATE:

**TO BE COMPLETED BY ALL LANDOWNERS OF SUBJECT PROPERTY WHEN  
LANDOWNERS DO NOT REPRESENT THEMSELVES.**

*Instructions for completing required information are in bold and brackets below lines. If applicant is a company, corporation, partnership, joint venture, trustee, etc., please use the corporate signature block and have the notary fill in the notarization section for corporations not individuals.*

**AGENCY AUTHORIZATION**

TO: Pinal County Planning & Development Services  
P.O. Box 2973  
Florence, AZ 85232

\_\_\_\_\_ *[Insert Name -- If a Corporation, Partnership or Association, Include State of Incorporation]*  
hereinafter referred to as "Owner," is/are the owner(s) of \_\_\_\_\_ acres located at \_\_\_\_\_, and further identified .

\_\_\_\_\_ *[Insert Address of Property]*  
as assessor parcel number \_\_\_\_\_ and legally described as follows:  
*[Insert Parcel Number]*

***[Insert Legal Description Here OR Attach as Exhibit A]***

Said property is hereinafter referred to as the "Property."

Owner hereby appoints \_\_\_\_\_ *[Insert Agent's Name. If the Agent Is a Company, Insert Company Name Only]*  
hereinafter referred to as "Agent," to act on Owner's behalf in relation to the Property in obtaining approval from Pinal County for a minor land division and to file applications and make the necessary submittals for such approvals.

**[Individual PROPERTY OWNER signature block and acknowledgment. DO NOT SIGN HERE IF SIGNING AS AN OFFICER OF A CORPORATION ON THE NEXT PAGE.]**

\_\_\_\_\_  
*[Signature]*  
\_\_\_\_\_  
*[Address]*

\_\_\_\_\_  
*[Signature]*  
\_\_\_\_\_  
*[Address]*

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

By \_\_\_\_\_  
*[Insert Name of Signor(s)]*

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**[Corporate PROPERTY OWNER signature block and acknowledgment The appropriate Corporate officer, or trustee, signs this signature block NOT the block on the previous page.]**

\_\_\_\_\_  
*[Insert Company's or Trust's Name]*

By: \_\_\_\_\_  
*[Signature of Authorized Officer, or Trustee]*

Its: \_\_\_\_\_  
*[Insert Title]*

Dated: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
*[Insert Signor's Name]*

\_\_\_\_\_  
*[Insert Title]*

\_\_\_\_\_  
*[Name of Company or Trust]*

\_\_\_\_\_  
*[Insert State of Incorporation, if applicable]*

and who being authorized to do so, executed the foregoing instrument on behalf of said entity for the purposes stated therein.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**ALTERNATE: Use the following acknowledgment only when a second company is signing on behalf of the owner:**

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned, personally appeared

\_\_\_\_\_  
*[Insert Signor's Name]*

who acknowledged himself/herself to be

\_\_\_\_\_  
*[Title of Office Held]*

\_\_\_\_\_, of \_\_\_\_\_ as

\_\_\_\_\_  
*[Second Company]*

\_\_\_\_\_  
*[i.e. member, manager, etc.]*

for \_\_\_\_\_, and who being

\_\_\_\_\_  
*[Owner's Name]*

authorized to do so, executed the foregoing instrument on behalf of said entities for the purposes stated therein.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_