



PINAL COUNTY
wide open opportunity

PINAL COUNTY COMMUNITY DEVELOPMENT

31 N. PINAL ST. BLDG. F, FLORENCE, AZ 85132/520-866-6442

(Incomplete applications will not be accepted)

GH- _____

GROUP HOME APPLICATION

STREET ADDRESS _____

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

PROPERTY OWNER(S) _____ PHONE _____ - _____ - _____

MAILING ADDRESS: _____

APPLICANT (IF NOT OWNER) _____ PHONE _____

MAILING ADDRESS: _____

EXISTING USE: _____

TOTAL NUMBER OF RESIDENTS: _____ NUMBER OF EMPLOYEES _____

NUMBER OF PARKING SPACES REQUIRED _____ PARKING SPACES AVAILABLE _____

IS THERE ANOTHER GROUP HOME WITHIN 1200 FEET? YES ___ NO ___

TOTAL SQUARE FEET OF HOUSE _____ SITE PLAN SUBMITTED _____

Definition of Assisted living/Group home: a licensed home suitable for accommodating 7 to 10 adults or minor children who require special care for physical, mental, or developmental disabilities.

I HEREBY CERTIFY THAT THIS APPLICATION PERTAINS TO THE ABOVE DESCRIPTION OF AN ASSISTED LIVING OR GROUP HOME AND ALL SUBMITTALS ARE TRUE AND CORRECT.

SIGNATURE OF OWNER/AGENT

DATE OF APPLICATION

CONTACT PHONE NUMBER WHEN PERMIT IS READY FOR PICK-UP _____

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AREA N S E W ZONING _____ ZONING FEES _____ INVOICE # _____

DISTRICT 1 2 3 4 5

ZONING REVIEWER 1 _____



PINAL COUNTY COMMUNITY
DEVELOPMENT SERVICES

PROPERTY OWNER AUTHORIZATION FORM

I, _____, hereby authorize:
Property owner

Applicant

To make application for the following:

Description of work

APN: _____

Address: _____

City: _____

As property owner, I understand that I am responsible for any and all work that will result from the issuance of required permits, orders or notices concerning violations, including all fees the County may charge for reviews, inspections, etc. In doing this work, all provisions of the Pinal County Development Services Code, along with State and Federal laws shall be complied with.

Property Owner Signature

Phone number

Date

(Please provide form with application)