



PINAL COUNTY
wide open opportunity

PINAL COUNTY COMMUNITY DEVELOPMENT
BUILDING SAFETY DIVISION
31 N. PINAL ST. BLDG. F, FLORENCE, AZ 85132/520-866-6405
POOL/SPA PERMIT APPLICATION

Standard Plan #

Building Permit #

JOB/STREET ADDRESS: _____

PARCEL # _____

PROPERTY OWNER (S) _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE# _____

BUILDER/CONTRACTOR _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

LICENSE/CLASS # _____

ESTIMATED VALUE OF POOL _____

SQUARE FOOTAGE OF SURFACE AREA _____

POOL SETBACKS: FRONT _____ LEFT _____ RIGHT _____ REAR _____

POOL HEATER: YES NO HEATER TYPE: ELEC GAS LPG

UTILITY COMPANY (check one):
MESA GAS _____ SWG _____ SRP _____ APS _____ ED2 _____ ED3 _____ ED4 _____ BIA _____ TRICO _____

SIZE OF GAS LINE: _____ LENGTH OF RUN: _____

SIZE & TYPE OF PIPE: _____ BTU'S: _____

EXISTING USE: _____

PROPOSED USE: _____

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

CONTACT PERSON (WHO DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP)

NAME _____ PHONE _____

EMAIL _____

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

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FOR OFFICE USE ONLY

PLAN REVIEW FEE: _____ PERMIT FEE: _____ ECD: _____



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)