PINAL COUNTY DEVELOPMENT SERVICES

COURTESY GAS/ELECTRICAL APPLICATION

(MOBILE HOMES SHALL BE REFERRED TO P&D DEPT)

Courtesy #
BCI _____

CHECK ONE: **COMMERCIAL_____ RESIDENTIAL_____**

BOOK _____MAP_____PARCEL_____Lot#_____

PROJECT STREET ADDRESS: _____CITY/STATE/ZIP _____

PROPERTY OWNER (S) _____ADDRESS _____

CITY/STATE/ZIP_____PHONE#_____

RENTER/TENANT (S) _____ ADDRESS _____

CITY/STATE/ZIP_____PHONE#_____

UTILITY COMPANY (check one):

ELECTRIC: SRP_____APS_____ED2_____ED3_____ED4_____BIA _____TRICO_____
NOTE: Electrical inspections will require access into home or business as well as to exterior service panel. Smoke detectors are required for safety reasons and will be verified upon inspection.

GAS: MESA GAS_____ SWG_____
NOTE: A proper gas test shall be done. The gas line shall be pressured to hold 10 pounds for 15 minutes. (The gauge & test are NOT provided or performed by our field inspectors.)

EXISTING USE: _____

PROPOSED USE: _____

CONTACT PERSON (WHO DO WE CONTACT IF THERE ARE PROBLEMS OR QUESTIONS WITH SITE INSPECTION)

NAME _____ PHONE _____

EMAIL: _____

I CERTIFY THAT NEITHER INTERIOR NOR EXTERIOR REMODELING HAS BEEN DONE WITHOUT PROPER PERMITS; I ALSO UNDERSTAND THAT IF ANY WORK IS DEEMED TO REQUIRE A PERMIT, I WILL OBTAIN SUCH PERMITS AS NEEDED. I ALSO UNDERSTAND A CLEARANCE OR APPROVAL WILL BE SENT TO THE UTILITY COMPANY LISTED ABOVE BASED ON THE INFORMATION PROVIDED. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

_____	_____	_____
PRINT NAME PLEASE	SIGNATURE OF OWNER/ AGENT	DATE OF APPLICATION

FOR OFFICE USE ONLY

SPECIAL NOTES/INFORMATION FOR INSPECTOR:

_____

_____

_____

Application verified by: _____ **Inspection scheduled for: _____**