PINAL COUNTY DEVELOPMENT SERVICES
MPE APPLICATION

Building Permit #

TYPE OF APPLICATION: **COMMERCIAL_____ MECH _____ PLUMB_____ELEC_____**

BOOK _____MAP_____PARCEL_____

STREET ADDRESS: _____CITY/STATE/ZIP _____

PROPERTY OWNER (S) _____ADDRESS _____

CITY/STATE/ZIP_____PHONE#_____

RENTER/TENANT (S) _____ADDRESS _____

CITY/STATE/ZIP_____PHONE#_____

CONTRACTOR _____ADDRESS_____

CITY/STATE/ZIP_____PHONE _____

LICENSE/CLASS #_____

CLASS OF WORK: **NEW _____ALTERATION_____ADDITION_____REPAIR_____REMOVE_____**

 # OF AMPS _____ # OF BTU'S/LENGTH OF RUN _____

SIZE OF PIPE _____ TYPE OF PIPE _____

 # OF KW (PHOTOVOLTAIC SYSTEMS) _____

#OF LIGHTS_____ TOTAL LUMENS_____ MAX HEIGHT_____

UTILITY COMPANY (check one):
MESA GAS_____SWG_____SRP_____APS_____ED2_____ED3_____ED4_____BIA _____TRICO_____

WELL REGISTRATION# (If applicable) _____

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 _____

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 OF APPLICATION

FOR OFFICE USE ONLY

ADDRESS: YES NO

ZONING FEE: _____

ADDRESS FEE: _____

SUBMITTAL FEE:_____

PLAN REVIEW FEE:_____

PERMIT FEES: _____

ECD: _____