

PINAL COUNTY DEVELOPMENT SERVICES
BUILDING PERMIT APPLICATION
REVISION ONLY
(Please fill out all applicable fields for your revision)

TYPE OF REVISION: STANDARD PLAN _____ BUILDING PERMIT _____ POOL/SPA _____ OTHER _____

PROJECT ADDRESS: _____

PERMIT NUMBER: PER _____ **STANDARD PLAN NUMBER:** _____

PROPERTY OWNER(S)/RENTER/TENANT _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

BUILDER/CONTRACTOR _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

LICENSE # & CLASS _____

SETBACKS (FROM EAVES): FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____

*The setbacks should be measured from either the **property line** or **future road right-of-way**, whichever is **more** restrictive.*

HEIGHT OF BUILDING _____

RESIDENTIAL/COMMERCIAL SQUARE FOOTAGE (IF DIFFERENT FROM ORIGINAL APPLICATION):

BASEMENT _____ 1ST FLOOR _____ 2ND FLOOR _____ GARAGE _____

CARPORT/PORCHES _____ TOTAL SQUARE FOOTAGE _____ # OF STORIES _____ # OF BEDROOMS _____

DESCRIPTION OF REVISION (WHAT HAS CHANGED FROM ORIGINAL APPLICATION): _____

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

SPECIAL CONDITIONS: _____

FOR OFFICE USE ONLY

TYPE OF CONSTRUCTION: _____

OCCUPANCY CLASS: _____

OCCUPANT LOAD: _____

PLANS EXAMINER: _____

ECD DATE: _____

REVISION/PLAN REVIEW FEE: _____