Building Permit #

PINAL COUNTY DEVELOPMENT SERVICES
MONUMENT/SIGN PERMIT APPLICATION

JOB/STREET ADDRESS: _____

ASSESSOR'S PARCEL #: BOOK _____ MAP _____ PARCEL _____SUITE # (IF APPLICABLE) _____

LEGAL DESCRIPTION: SUBDIVISION _____ UNIT/BLOCK _____ LOT _____

SECTION _____ TOWNSHIP _____ N/S, RANGE _____ E/W, SIZE OF PARCEL _____

PROPERTY OWNER(S)/RENTER/TENANT _____PHONE _____

MAILING ADDRESS _____ CITY _____ ST_____ZIP _____

BUILDER/CONTRACTOR_____PHONE_____

MAILING ADDRESS _____ CITY _____ ST_____ZIP _____

LICENSE # & CLASS _____

TYPE OF SIGN: ☐ DIRECTIONAL ☐ FREE STANDING ☐ WALL MOUNTED ☐ FLAG POLE

☐ ILLUMINATED → WILL SIGN ILLUMINATION REQUIRE INSTALLATION OF NEW METER? ☐ YES ☐ NO

☐ OTHER: _____

HEIGHT OF SIGN: _____

OF FACES: _____

TOTAL SQUARE FEET OF SIGN: _____

EXISTING USE: _____

PROPOSED USE: _____ (ex: Sign for Establishment Name)

DISTRICT OFFICE WHERE YOU WANT TO PICK UP PERMIT: FL_____ CG _____AJ _____OR _____

CONTACT PERSON (WHOM 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

ADDRESS	YES NO						
AREA	N S E W	ZONING FEES	_____	P/D _____			
DISTRICT	1 2 3					TYPE OF CONSTR.	_____
FLOODZONE	_____	SUBMITTAL FEE	_____	REC_____		OCCUP. CLASS	_____
NON-CONF	_____	PLAN CHECK	_____	REC_____		PLANS EXAMINER	_____
ZONING	_____	PERMIT FEE	_____	REC_____		ACT. VALUATION	_____
INSPECTOR	_____					ECD DATE:	_____
IN-HOUSE	_____						