



PINAL COUNTY
wide open opportunity

REGULATIONS GOVERNING
WALLS AND FENCES

PINAL COUNTY BUILDING SAFETY DEPARTMENT
P.O. BOX 1610, FLORENCE, AZ. 85132
31 N. PINAL STREET, BLDG. F
(520) 866-6405 FAX 866-6517
www.pinalcountyz.gov

INFORMATION
BULLETIN

014

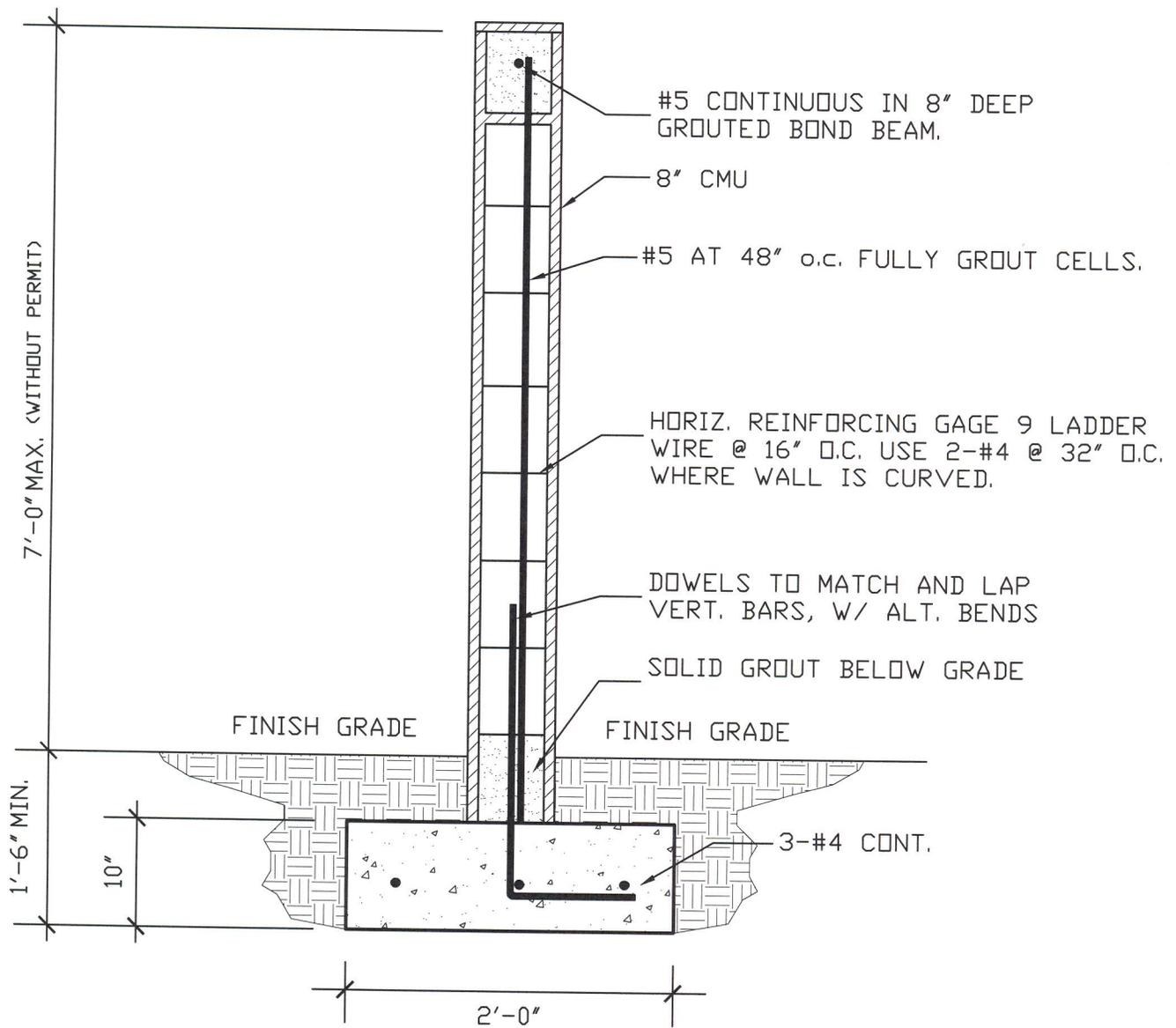
March 2013

Below are the requirements for constructing a wall or fence in Pinal County. On pages 2 & 3 of this bulletin, you will find detailed examples of a typical wall and retaining wall. A Wall/Fence Application can be found on page 4 for your use. If you have any questions at all, please don't hesitate to contact the Building Safety Department at the number listed above. Please contact the Planning & Development Department (520-866-6442) for a list of their requirements regarding the location and height of your wall or fence.

A building permit is required for:

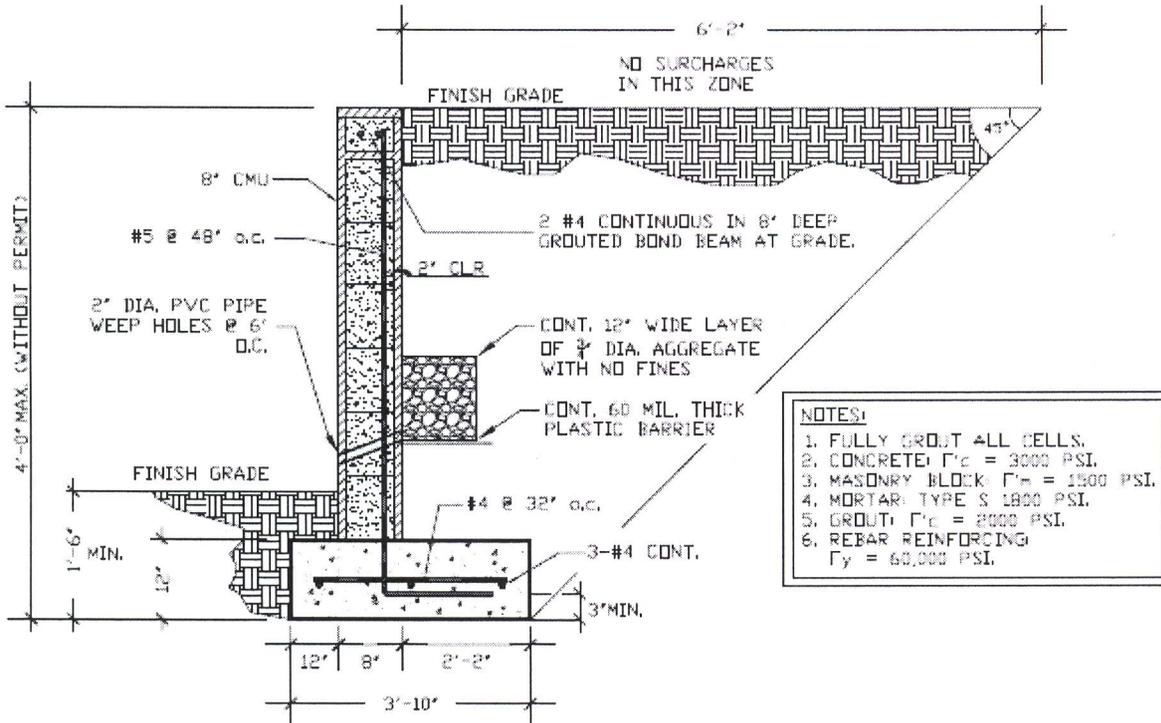
Patio walls or fences exceeding 7 feet in height measured from inside finished grade, **or** retaining walls exceeding 4 feet in height measured from bottom of footing may require plans prepared by an Arizona Registered Engineer. Please contact our office for more information.

7' TYPICAL WALL / FENCE DETAIL EXAMPLE DETAIL



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4' RETAINING WALL DETAIL EXAMPLE DETAIL



Building Permit #

PINAL COUNTY DEVELOPMENT SERVICES
WALL/FENCE PERMIT APPLICATION

TYPE OF WALL/FENCE: *SUBDIVISION _____ RESIDENTIAL _____ COMMERCIAL _____ **RETAINING _____

PARCEL # BOOK _____ MAP _____ PARCEL _____

SECTION: _____ TOWNSHIP _____ RANGE _____

SUBDIVISION/PARK _____ LOT# _____

STREET ADDRESS: _____ CITY/STATE/ZIP _____

PROPERTY OWNER(S) _____ ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

CONTRACTOR _____ ADDRESS _____

CITY/STATE/ZIP _____ LICENSE/CLASS _____

HEIGHT OF FENCE/WALL IN FRONT YARD _____ VARIANCE: YES NO N/A

HEIGHT OF FENCE/WALL IN REAR & SIDE YARD _____ VARIANCE: YES NO N/A

LINEAL FOOTAGE _____ * (Only required for Subdivision Walls/Fences)

HEIGHT _____ X LENGTH _____ = TOTAL _____ **(Only required for Retaining Walls)

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 _____

FOR OFFICE USE ONLY

ADDRESS YES NO FLOODZONE _____ PLAN CHECK FEE _____

AREA N S E W NON-CONF _____ PERMIT FEE _____

DISTRICT 1 2 3 ZONING _____ PT/PE _____

CCO _____ ECD: _____