



PINAL COUNTY
wide open opportunity

PINAL COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

BUILDING SAFETY DIVISION

31 N. PINAL ST. BLDG.F, FLORENCE, AZ 85132/520-866-6405

**COURTESY GAS/ELECTRICAL
APPLICATION**

Courtesy #
BCI _____

PLEASE NOTE THE BELOW BEFORE APPLYING FOR A COURTESY INSPECTION

*****IF THE PROPERTY IS RESIDENTIAL, AN ELECTRICAL PERMIT IS REQUIRED FOR POWER BEING OFF FOR MORE THAN 1 YEAR. IF THE PROPERTY IS COMMERCIAL, AN ELECTRIC PERMIT IS REQUIRED FOR POWER BEING OFF FOR MORE THAN 6 MONTHS AND WILL REQUIRE A COMMERCIAL LICENSED CONTRACTOR. *****

CHECK ONE: COMMERCIAL _____ RESIDENTIAL _____ MANUFACTURED HOME _____

PARCEL _____ Lot# _____

JOB 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: _____



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**PINAL COUNTY COMMUNITY
DEVELOPMENT**

31 N. PINAL ST. BLDG. F, FLORENCE, AZ
85132/520-866-6442

(Incomplete applications will not be accepted)

PROPERTY OWNER AUTHORIZATION FORM

I, _____, hereby authorize:
Property owner

Applicant

To make application for the following:

Description of work

APN: _____

Address: _____

City: _____

As property owner, I understand that I am responsible for any and all work that will result from the issuance of required permits, orders or notices concerning violations, including all fees the County may charge for reviews, inspections, etc. In doing this work, all provisions of the Pinal County Development Services Code, along with State and Federal laws shall be complied with.

(Print) Property Owner Name (Print) Property Owner Title

Property Owner Signature

Phone number Date

(Please provide form with application)