



PINAL COUNTY COMMUNITY DEVELOPMENT
BUILDING SAFETY DIVISION
EXISTING STANDARD PLAN ONLY

This application must follow with one-site plan (drawn to scale)
Please allow up to 10 working days for processing
Incomplete applications will not be accepted

STANDARD PLAN #
BUILDING PERMIT #

JOB/STREET ADDRESS _____

PARCEL _____

LEGAL DESCRIPTION: SUBDIVISION _____ UNIT/BLOCK _____ LOT _____

SECTION _____ TOWNSHIP _____ N/S RANGE _____ E/W

PROPERTY OWNER _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

BUILDER/ CONTRACTOR _____ LIC# & CLASS _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

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

EXISTING USE _____ PROPOSED USE _____

Is there a wash/watercourse on property? Check one: Yes or No Initials: _____

Table with 4 columns: ACTUAL BUILDING AREA, BUILDING HEIGHT, UTILITY PROVIDER, PERMIT PICK-UP OFFICE. Rows include 1st Floor, 2nd Floor, Garage, Porch/Patio, Total Sq Ft, and # of Bedrooms.

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE ACTUAL CONSTRUCTION.
I ACKNOWLEDGE AND AGREE THAT THE MAXIMUM SQUARE FOOTAGE APPROVED WITH THE STANDARD PLAN APPLICATION SHALL
SERVE AS THE BASIS FOR DETERMINING BUILDING VALUATION AND PERMIT FEES, AND THE TOTAL LIVABLE SQUARE FOOTAGE APPROVED
WITH THE STANDARD PLAN APPLICATION SHALL SERVE AS THE BASIS FOR DETERMINING DEVELOPMENT FEES.
I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION AND ALL RELATED SUBMITTALS ARE TRUE AND CORRECT.

PRINT NAME SIGNATURE DATE

CONTACT PERSON / PHONE / E-MAIL

APPLICANT TO PROVIDE ONLY ABOVE INFORMATION

MIN SETBACKS:
FRONT _____ SIDE _____ REAR _____ [] ST SIDE [] BETWEEN BLDGS [] BACK OF S/W TO FACE OF GARAGE
[] STEMWALL [] TO BLDG WALL [] 10' FRONT FOR 25% SLOPE [] ARCHITECTURAL FEATURES MAY ENCROACH 2'

FLOOD ZONE _____ IFA _____ Category _____ ADMIN FEE _____ TYPE OF CONST _____ VB _____
ZONE _____ Livable _____ Total _____ ZONING FEE _____ OCCUP. CLASS _____ R3_U_U _____
ADDRESSING Y or N fee: _____ Parks _____ Credits _____ PERMIT FEE _____ PERMIT TECH _____
ZONE [] [] [] [] P/S _____ OTHER _____ VALUATION _____
N S E W Streets _____



P I N A L • C O U N T Y
wide open opportunity

**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)