



PINAL COUNTY
COMMUNITY DEVELOPMENT
BUILDING SAFETY DIVISION
MANUFACTURED HOME / PARK MODEL /MODULAR
PERMIT APPLICATION

PERMIT NUMBER:

MANUFACTURED HOME [ ] PARK MODEL [ ] MODULAR HOME [ ]

1. HOME/UNIT OWNER: PHONE MAILING ADDRESS CITY ST ZIP

2. JOB/STREET ADDRESS:

3. PARCEL #:

4. MOBILE HOME/RV PARK: SPACE #

5. PROPERTY OWNER: PHONE MAILING ADDRESS CITY ST ZIP

6. INSTALLER: LICENSE# PHONE MAILING ADDRESS CITY ST ZIP

\*\*Unless the Installer possesses an I10G license, the Subcontractor Supplemental Form found on the reverse side of this application MUST be filled out for the installation of accessory structures.\*\*

Received & verified by:

7. SETBACKS: 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.\*

8. IS THERE A WASH/WATER COURSE ON THE PROPERTY? YES NO DISTANCE INITIAL

9. OUTSIDE LIGHTING? \*\*IF YES, LIGHTS MUST BE SHIELDED

10. NAME OF UTILITY COMPANY: SEWER PROPANE: YES NO GAS ELEC WATER WELL: YES OR NO SEPTIC

11. EXISTING USE OF PROPERTY: PROPOSED USE:

12. MANUFACTURER: SERIAL #: SIZE: YEAR: Circle one: Single-Wide \* Double-Wide \* Triple-Wide \* Other: NO. OF BEDROOMS

13. ACCESSORIES: AWNING/PATIO (SIZE) CARPORT (SIZE) SKIRTING TYPE STORAGE ROOM (SIZE)

\*\*\*\*\* MANUFACTURED HOMES: THE PERMIT INCLUDES THREE (3) SITE VISITS. MULTIPLE INSPECTIONS CAN BE SCHEDULED PER SITE VISIT. ANY ADDITIONAL INSPECTION REQUIRED FOR COMPLIANCE WILL BE \$50.00 PER INSPECTION. COUNTY USE PERMITS AND STREET ADDRESSING FEES ARE EXTRA. PARK MODELS: THE PERMIT INCLUDES THE PARK MODEL, AWNING & SHED IF APPLICABLE, AND THREE (3) SITE VISITS. ANY ADDITIONAL INSPECTION REQUIRED FOR COMPLIANCE WILL BE \$50.00 PER INSPECTION.

I UNDERSTAND THAT THE MANUFACTURED HOME, PARK MODEL MAY NOT BE INSTALLED OR OCCUPIED PRIOR TO ISSUANCE OF THIS PERMIT. FURTHERMORE, I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL OF THE INSTALLATION. FAILURE TO OBTAIN ALL NECESSARY PERMITS OR DISAPPROVAL MAY RESULT IN THE UNIT HAVING TO BE REMOVED FROM THE SITE.

I HEREBY CERTIFY THAT THIS APPLICATION AND ALL SUBMITTALS ARE TRUE AND CORRECT.

PRINT NAME SIGNATURE OF OWNER/AGENT DATE OF APPLICATION

CONTACT PERSON TO CALL WHEN PERMIT IS READY FOR PICK-UP PHONE NUMBER and/or EMAIL ADDRESS

SPECIAL CONDITIONS: Pick up permit at: AJ ORACLE FLOR CG

\*\*\*\*\* OFFICE USE ONLY\*\*\*\*\*

AREA N S E W Impact fees: NON-CONF IFA AREA Category ZONING FEE ZONE Livable Total: PERMIT FEES ZONING CLEARANCE FOR SEPTIC ISSUED: YES NO Parks Credits FLOOD FEES P/S: Streets ADDRESSING FEES CCO Streets



Permit Number: \_\_\_\_\_

**MANUFACTURED HOME INSTALLATION PERMIT APPLICATION  
SUBCONTRACTOR SUPPLEMENTAL FORM**

Please list below all licensed subcontractors associated with the installation & accessory structures of the manufactured home:

**IF THERE WILL NOT BE ANY SUBCONTRACTORS, PLEASE CIRCLE N/A AND INITIAL BOX:**

N/A

INITIAL: \_\_\_\_\_

**Contractor's Company name:** \_\_\_\_\_

License #: \_\_\_\_\_ License classification: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Check work being performed:  Electric  Plumbing  Gas  Mechanical

Accessory Structure -Type: \_\_\_\_\_

Other: \_\_\_\_\_

Staff verification: \_\_\_\_\_

**Contractor's Company name:** \_\_\_\_\_

License #: \_\_\_\_\_ License classification: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Check work being performed:  Electric  Plumbing  Gas  Mechanical

Accessory Structure -Type: \_\_\_\_\_

Other: \_\_\_\_\_

Staff verification: \_\_\_\_\_

**Contractor's Company name:** \_\_\_\_\_

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Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Check work being performed:  Electric  Plumbing  Gas  Mechanical

Accessory Structure -Type: \_\_\_\_\_

Other: \_\_\_\_\_

Staff verification: \_\_\_\_\_

**Contractor's Company name:** \_\_\_\_\_

License #: \_\_\_\_\_ License classification: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Check work being performed:  Electric  Plumbing  Gas  Mechanical

Accessory Structure -Type: \_\_\_\_\_

Other: \_\_\_\_\_

Staff verification: \_\_\_\_\_



PINAL COUNTY  
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)**