



**PINAL COUNTY COMMUNITY DEVELOPMENT
BUILDING SAFETY DIVISION**
31 N. PINAL ST. BLDG. F, FLORENCE, AZ 85132/520-866-6405
MONUMENT/SIGN PERMIT APPLICATION

Building Permit #

JOB/STREET ADDRESS: _____

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 AND/OR QUESTIONS?)

NAME _____ **PHONE** _____

EMAIL _____

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 AREA	YES	NO	ZONING FEE	_____	TYPE OF CONSTR.	_____
	N	S E W	ADDRESS FEE	_____	OCCUP. CLASS	_____
FLOODZONE	_____		SUBMITTAL FEE	_____	PLANS EXAMINER	_____
NON-CONF	_____		PLAN CHECK	_____	ACT. VALUATION	_____
ZONING	_____		PERMIT FEE	_____	ECD DATE	_____
CCO	_____					



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)