



PINAL COUNTY
wide open opportunity

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

Building Permit #

TYPE OF APPLICATION: COMMERCIAL _____ MECH _____ PLUMB _____ ELEC _____ SOLAR _____

PARCEL _____

STREET ADDRESS: _____ **CITY/STATE/ZIP** _____

PROPERTY OWNER (S) _____ **ADDRESS** _____

CITY/STATE/ZIP _____ **PHONE#** _____

RENTER/TENANT (S) _____ **ADDRESS** _____

CITY/STATE/ZIP _____ **PHONE#** _____

CONTRACTOR _____ **ADDRESS** _____

CITY/STATE/ZIP _____ **PHONE** _____

LICENSE/CLASS # _____

CLASS OF WORK: (Check one:) NEW (or) REPAIR

OF AMPS _____ **# OF BTU'S** _____ **LENGTH OF RUN** _____

SIZE OF PIPE _____ **TYPE OF PIPE** _____

OF KW (PHOTOVOLTAIC SYSTEMS) _____ **Type of system;** check one: Roof Mount Ground Mount

OF LIGHTS _____ **TOTAL LUMENS** _____ **MAX HEIGHT** _____

UTILITY COMPANY (check one):
MESA GAS _____ SWG _____ SRP _____ APS _____ ED2 _____ ED3 _____ ED4 _____ BIA _____ TRICO _____ LPG _____

WELL REGISTRATION# (If applicable) _____

EXISTING USE: _____

PROPOSED USE: _____

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 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

FOR OFFICE USE ONLY

ADDRESS: YES NO

SUBMITTAL FEE: _____

ZONING FEE: _____

PLAN REVIEW FEE: _____

ADDRESS FEE: _____

PERMIT FEES: _____

REVISED: June 2016

ECD: _____



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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)