

PINAL COUNTY COMMUNITY DEVELOPMENT
Planning Division

LIGHT PERMIT

(An MPE Application must be complete along with this application.)

1) JOB STREET ADDRESS: _____

2) ASSESSOR'S BOOK _____ MAP _____ PARCEL _____ SIZE OF PARCEL _____

3) LEGAL DESCRIPTION
SUBDIVISION: _____ UNIT/BLOCK _____ LOT _____

SECTION _____ TOWNSHIP _____ RANGE _____

4) PROPERTY OWNER: _____ PHONE _____

ADDRESS: _____ CITY: _____ ST _____ ZIP _____

5) BUILDER/CONTRACTOR: _____ PHONE _____

ADDRESS: _____ CITY: _____ ST _____ ZIP _____

6) EXISTING BLDGS AND USES: _____

NOTE: ATTACH 8.5"X 11" SITE PLAN (DRAWN TO ENGR. SCALE) SHOWING PARCEL SIZE & DIMENSIONS, SETBACKS, ANY EXISTING BLDGS., EXISTING & PROPOSED LIGHTS. ATTACH TECHNICAL SPECIFICATIONS OF PROPOSED LIGHT.

7) TYPE OF LIGHTING: LOW PRESSURE SODIUM _____ METAL HALIDE _____ QUARTZ _____
FLOURESCENT _____ FOSSIL FUEL _____ INCANDESCENT _____ NEON TUBE _____ ARGON _____
KRYPTON _____ SEARCHLIGHT _____ OTHER (SPECIFY) _____

8) HEIGHT OF LIGHT _____ 9) TYPE OF SHIELDING _____

10) WATTAGE _____ 11) TYPE OF FILTRATION _____

12) PURPOSE OF LIGHT (BE SPECIFIC): _____

13) SETBACKS: (INDICATE N, S, E,W AFTER EACH DISTANCE)
FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____

I hereby certify that this application and all submittals are true and correct.

SIGNATURE OF OWNER/APPLICANT

DATE

OFFICE USE ONLY

INSPECTOR _____ RECEIPT _____
IN-HOUSE _____
ZONING FEE _____

ZONING _____

PER _____