The following criteria will be used to evaluate the proposed modification of lots:

- The proposed modification will not violate any provisions of the Pinal County Development Services Code, Comprehensive Plan, area plans, duly adopted master plans, or other provisions of applicable ordinances and regulations;
- The proposed modification will not substantially reduce the amount of privacy currently enjoyed by nearby property owners if the development is located as specified by these regulations;
- The proposed modification will not substantially and adversely affect traffic or traffic circulation, drainage, sewage treatment systems, or other such systems; and
- The modification does not create a situation where the proposed use of the property will create a hazard or nuisance.

General Guidelines

1. The lots being combined must be contiguous.
2. The lots must have the same owner.
3. The lots being combined must have the same zoning, vesting and tax area codes.
4. This application process can take up to thirty (30) working days to complete. The applicant will be notified if this application is placed on hold.
5. The processing fee is $272.00, non-refundable.
6. Recording fees are separate.
7. To obtain a new Assessor Parcel Number, applicant is required to complete and submit a Combination of Parcels Application with the Assessor’s Office.

Submittal Checklist

- Lot Combination Application
- A non-refundable processing fee of $272.00. This can be paid by check or money order, payable to “Pinal County” or by credit card which has an additional 2.5% credit card processing fee.
- Two (2) copies of a survey map (18”x24’ or 24”x36”) that has been prepared by a Registered Land Surveyor that shows original lot lines and revised lot lines.
- Bring 1 CD containing the survey in PDF format
- One (1) copy of the recorded deeds of the original lots.
- One (1) copy of the legal description describing the one combined lot.
- Site Plan – two (2) copies (11”x17”) of the property, indicating the following:
  a. The site plan must be drawn to a recognizable scale, i.e. 1” = 20’.
  b. North arrow and scale (written and graphic scale) shown on plan.
  c. All property lines must be clearly shown and dimensions indicated.
  d. Location and dimensions of all existing and proposed structures (including septic system, wells, fences, signs and pools) from property lines and distance between structures.
  e. Location and width of dedicated streets, recorded easements, (provide recording number) and patent easements on or adjacent to property (include names of streets if applicable).
  f. All existing and proposed structures must be shown and dimensioned on the site plan.
THIS APPLICATION CONSISTS OF PARTS A, B, C AND D

MLD _____ - _____

If the property is owned by a company, corporation, partnership, LLC, etc., please complete the Agency Authorization Form.

NOTE: The recording of a survey does not combine the properties and vest the development rights.

PART A - TO BE FILLED OUT BY APPLICANT

APPLICANT NAME: ____________________________________________

MAILING ADDRESS: __________________________________________

PHONE: __________________________ FAX: _______________________

E-MAIL: _____________________________________________________

PROPERTY INFORMATION

Assessor Parcel Numbers: _______________________________________

Township _______ Range _______ Section _______

Address/Location ____________________________________________________________

ACKNOWLEDGMENTS:

☐ I or my designated Contractor will obtain a Pinal County Right of Way Use Permit prior to any work being performed within the County right of way or within a Pinal County Maintained Roadway. Contact Pinal County Public Works Inspection Section at least 7 working days in advance of any work. Contact for permit application at 520-866-6454 _________ Initials

☐ I also certify that I have informed my surveyor of the location(s) of all septic tank(s) and above ground structures on my property.

☐ Legal & physical access to the parcel is / is not traversable by 2 wheel drive passenger motor vehicle.

Signature of Property Owner(s): __________________________ Date: __________

Printed Name of Property Owner(s): __________________________________________

The foregoing instrument was acknowledged before me this_______ day of _________ by __________________________

Printed Name of Notary

Signature of Notary

My Commission Expires: __________________________
THE FOLLOWING TWO ITEMS OF PART B MUST BE COMPLETED BEFORE SUBMITTING THIS LOT COMBINATIONS APPLICATION FOR REVIEW.

PART B TO BE COMPLETED BY THE ASSESSOR’S AND TREASURER’S OFFICES

1. ASSESSOR’S OFFICE: ASSESSOR PARCEL NUMBER (S): ________________________________

Please Note: Parcels will be combined by the Assessor’s Office upon approval and processing of the Assessor’s Combination of Parcels Application. The Assessor’s application may be reviewed at the same time as this application and then submitted with payment after this application is approved.

REVIEWED BY: ____________ DATE: ____________ PHONE: ____________

COMMENTS: ___________________________________________________________________

2. TREASURER’S OFFICE:
   A. ________ (YEAR) (and prior) Amount due: $ ____________
   B. ________ (YEAR) Property taxes due: $ ____________

REVIEWED BY: ____________ DATE: ____________ PHONE: ____________

PART C TO BE FILLED OUT BY SURVEYOR

ACKNOWLEDGMENTS:
I, or my firm, is acting as representative for the applicant. (Please complete Agency Authorization Form.) I have shown all visible structures and existing improvements to the property on the submitted drawing and legal & physical access to the parcel is / is not traversable by 2 wheel drive passenger motor vehicle.

SURVEYOR SIGNATURE: ___________________________ RLS#: ____________

PHONE: ____________ FAX: ____________ E-MAIL: ____________

SECTION: _____ TOWNSHIP: ____ RANGE: _______ ZONING: PZ CASE #: _______

IF THE PARCEL IS LOCATED INSIDE A PREVIOUSLY PLATTED SUBDIVISION OR RECORDED SURVEY COMPLETE THE FOLLOWING:
BOOK/MAP: _______ OR CABINET/SLIDE: _______ OR SURVEY BOOK/MAP: ______

PART D TO BE FILLED OUT BY PLANNING DIVISION

ZONING: _______ PREVIOUS MLD: _______ FLOOD ZONE: _______

REVIEWED BY: __________________________ DATE: __________________________

APPROVED BY: __________________________ DATE: __________________________
Instructions for completing required information are in bold and brackets below lines. If applicant is a company, corporation, partnership, joint venture, trustee, etc., please use the corporate signature block and have the notary fill in the notarization section for corporations not individuals.

AGENCY AUTHORIZATION

TO: Pinal County Planning & Development Services
P.O. Box 2973
Florence, AZ 85232

_________________________________________ ______________________________________
[Signature] [Signature]

[Address] [Address]

Dated: _______________________________ Dated: _______________________________

STATE OF ___________________ )
 ) ss.
COUNTY OF ___________________ )

The foregoing instrument was acknowledged before me _______ this day ________ of by __________________________________________

__________________________________
Printed Name of Notary

My Commission Expires: _________________________________
[Corporate PROPERTY OWNER signature block and acknowledgment The appropriate Corporate officer, or trustee, signs this signature block NOT the block on the previous page.]

__________________________________________
[Insert Company’s or Trust’s Name]

By: _______________________________________
[Signature of Authorized Officer, or Trustee]

Its: _______________________________________
[Insert Title]

Dated: _______________________________________

STATE OF __________________________________
COUNTY OF __________________________________

The foregoing instrument was acknowledged before me, this ______ day of _____________, 20____ by
__________________________________________, _____________________________________________
[Insert Signor’s Name] [Insert Title]

__________________________________________, _____________________________________________ an ,
[Name of Company or Trust] [Insert State of Incorporation, if applicable]

and who being authorized to do so, executed the foregoing instrument on behalf of said entity for the purposes
stated therein.

__________________________________________
Printed Name of Notary

Signature of Notary

My Commission Expires: ____________________________________________

ALTERNATE: Use the following acknowledgment only when a second company is signing
on behalf of the owner:
STATE OF __________________________________
COUNTY OF __________________________________

The foregoing instrument was acknowledged before me, this ______ day of _____________, 20____ by
__________________________________________, _____________________________________________
[Insert Signor’s Name]

__________________________________________, _____________________________________________ an ,
[Title of Office Held] [Second Company]

as ___________________________________________ for ________________________________________, and who being
[i.e. member, manager, etc] [Owner’s Name]

authorized to do so, executed the foregoing instrument on behalf of said entities for the purposes stated
therein.

__________________________________________
Printed Name of Notary

Signature of Notary

My Commission Expires: ____________________________________________