



PINAL COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
A.R.S. § 11-1605 APPLICATION COVER SHEET

State Law contained in A.R.S. § 11-1605 requires the County to establish overall time frames for the review of applications for licenses, permits and processes requiring County approval. The overall time frame is to be broken down into a time period to determine whether the application is complete or incomplete, known as administrative completeness time frame, and a substantive review time frame to determine whether the license, permit or approval can be granted.

Administrative Completeness Time Frame: During this time frame, each reviewing department can issue a notice of deficiencies to the applicant which will stop the running of the overall time frame and administrative completeness time frame from the date of issuance of the notice to the applicant until the date the County receives the missing information. If the submittal of missing information is not complete, an additional notice of deficiencies can be issued which will stop the running of the time frames.

Substantive Review Time Frame: This time frame will not begin unless the application matches the application at the end of the administrative completeness time frame. During this time frame, each reviewing department can make only one request for additional information, unless the applicant agrees to a supplemental request for additional information. The substantive review time frame and overall time frame will stop running from the date the request for additional information is issued until the date the County receives that information.

Please select the type of permit for which you are applying.

	PERMIT	ADMINISTRATIVE REVIEW Time Frame in Working Days	SUBSTANTIVE REVIEW Time Frame in Working Days
	Park Model, Modular House, Mobile Home, Awning (PM, MH, etc.), Temporary Sign	5	10
	Group Home, Sign Permit	5	14
	Comprehensive Sign Review	5	45
	Special Events – Small	5	20
	Special Events – Large	5	40
	Minor Land Division	9	21
	Site Plan Review	20	100
	Subdivision – Tentative Plat	20	60
	Subdivision – Final Plat	20	160

ADMINISTRATIVE REVIEW: Applicant understands that each department may make two requests for missing information. Agreed: _____(ARS 11-1605 D & E)

SUBSTANTIVE REVIEW: Applicant understands that each department may make one request for additional information. Agreed: _____(ARS 11-1605 G)

OPTIONAL SUBSTANTIVE REVIEW AGREEMENT: Applicant hereby agrees to more than one supplemental request AND an extension of the Substantive Review and the overall Time Frame up to twenty five percent (25%) of the overall Time Frame, if necessary. Agreed: _____(ARS 11-1605 H)

Applicant and County hereby mutually agrees to the extension of the Substantive Review Time Frame by _____working days for an overall Time Frame of _____working days.

Applicant's signature _____ Date: _____

Signature of County Representative _____ Date: _____

ADMINISTRATIVE REVIEW:

SUBMITTED:	NOTICE OF COMPLETENESS/DEFICIENCY SENT:
RESUBMITTED:	NOTICE OF COMPLETENESS/DEFICIENCY SENT:
RESUBMITTED:	BEGIN SUBSTANTIVE:

SUBSTANTIVE REVIEW:

SUPPLEMENTAL REQUEST SENT:	RESUBMITTED:

DATE APPROVED/DENIED:

ADR _____ - _____
FOR OFFICE USE ONLY

**PINAL COUNTY COMMUNITY DEVELOPMENT DEPARTMENT
MISCELLANEOUS ADDRESS APPLICATION**

1. REASON FOR APPLICATION: CHANGE OF ADDRESS _____ WATER METER (NO ELEC) _____ OTHER (SEE 12 BELOW) _____
2. NEW STREET ADDRESS (to be filled in by office) _____ 3. ATLAS MAP # _____
4. ASSESSOR PARCEL #: BOOK _____ MAP _____ PARCEL _____ 5.MLD (if applicable) _____
6. LEGAL DESCRIPTION: SUBDIVISION _____ UNIT/BLOCK _____ LOT _____
SECTION _____ TOWNSHIP _____ N / S RANGE _____ E SIZE OF PARCEL _____
7. PROPERTY OWNER(S) _____ PHONE # _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMAIL ADDRESS _____ FAX # _____
8. EXISTING USE: _____ 9. PROPOSED USE: _____
10. PERSON MAKING APPLICATION IF NOT PROPERTY OWNER (please print) _____
COMPANY NAME OR RELATIONSHIP TO # 7: _____
CONTACT PHONE NUMBER _____ FAX # _____
CONTACT EMAIL ADDRESS _____
11. ALL APPLICANTS SUBMIT TO ENGINEERS SCALE IF CHANGE OF ADDRESS, THEN CURRENT
SITE PLAN ON 8 ½ X 11" (OR 11 X 17") PAGE _____ ADDRESS IS: _____
12. IF OTHER, PLEASE EXPLAIN _____

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

SIGNATURE OF OWNER/AGENT _____
DATE OF APPLICATION

SPECIAL CONDITIONS OR INSTRUCTIONS _____

*****FOR OFFICE USE ONLY*****

ADDRESS	YES	FLOODZONE	_____	CHANGE OF ADDRESS FEE	\$ _____ P/D _____
INSPECTOR	_____	NON-CONF	_____	ZONING FEES	_____ P/D _____
IN-HOUSE	_____	ZONING	_____	TOTAL	_____ P/D _____