

**PINAL COUNTY DEVELOPMENT SERVICES  
MONUMENT/SIGN PERMIT APPLICATION**

<b>Building Permit #</b>
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JOB/STREET ADDRESS: \_\_\_\_\_  
 ASSESSOR'S PARCEL #: BOOK \_\_\_\_\_ MAP \_\_\_\_\_ 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)**  
 NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
ADDRESS	YES NO		
AREA	N S E W	ZONING FEES	_____ P/D _____
DISTRICT	1 2 3		
FLOODZONE	_____	SUBMITTAL FEE	_____ REC _____
NON-CONF	_____	PLAN CHECK	_____ REC _____
ZONING	_____	PERMIT FEE	_____ REC _____
INSPECTOR	_____		
IN-HOUSE	_____		
			TYPE OF CONSTR. _____
			OCCUP. CLASS _____
			PLANS EXAMINER _____
			ACT. VALUATION _____
			ECD DATE: _____