



PINAL COUNTY  
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REGULATIONS GOVERNING  
**PERMIT EXPIRATION AND EXTENSION**

PINAL COUNTY BUILDING SAFETY DEPARTMENT  
P.O. BOX 1610, FLORENCE, AZ. 85132  
31 N. PINAL STREET, BLDG. F  
(520) 866-6405 FAX (520) 866-6517  
[www.pinalcountyz.gov](http://www.pinalcountyz.gov)

INFORMATION  
BULLETIN

**008**

November 2010

Permit expiration and extension requirements are covered in Sec. R105.5 of the **International Residential Code (IRC)**. Definitions and procedural information are provided below.

**I. PERMIT EXPIRATION**

Permits issued will expire within 180 days after issuance if no inspection has been performed. If the work is suspended or abandoned for a period of 180 days after the last inspection, the permit is considered expired. If your permit is due to expire a Permit Extension/Renewal Request Form must be filled out and submitted to our office **ON OR BEFORE YOUR EXPIRATION DATE TO AVOID RENEWAL FEES.** Please see attached.

**II. PERMIT RENEWAL**

A permit that has been expired for less than one year will be assessed a renewal fee of one half of the original permit fee. For example an original permit fee of \$1,400.00 would require a \$700.00 renewal fee. For a permit that has expired for more than one year, a full permit fee will be required.

**III. INSPECTIONS**

An issued permit is automatically extended for 180 days from the date of the last inspection. Incomplete inspections **do not** automatically extend a permit.

**IV. EXPIRATION OF PLAN REVIEW (Permit applications that are in plan review and require corrections)**

Corrected plans must be returned within 180 days to avoid having the application expire. Extension requests must be made in writing showing circumstances beyond control of the applicant. In order to renew a permit application after expiration, the applicant shall resubmit plans and pay a new plan review fee.

**V. FEE REFUNDS**

The Building Official may authorize a refund of no more than 80% of the permit fee (50% for pools/spa) provided no inspections have been performed and the permit has not expired. Permit fees are non refundable after commencement of construction. Plan review fees are non refundable after completion of the plan review.



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## REFUND REQUEST FORM

Pinal County  
Department of Building Safety  
P.O. Box 1610  
Florence, AZ 85132

Date \_\_\_\_\_

Tracking/Plan # \_\_\_\_\_

Permit # \_\_\_\_\_

Project address \_\_\_\_\_

### REASON FOR REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**It is understood that only 80% of the fees (50% for pools) may be refunded and I must submit along with this form, a copy of the permit (if applicable) and receipt to Building Safety. Permit fees are non-refundable after commencement of construction. Plan Review fees are non-refundable after completion of the plan review.**

### PLEASE MAIL REFUND TO: (please print)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requestors' phone number: \_\_\_\_\_

Requestors' signature: \_\_\_\_\_

### **For Office Use Only**

Approved: \_\_\_\_\_

Signature of Approving Authority

Refund = \_\_\_\_\_ % of \_\_\_\_\_ = \_\_\_\_\_



# Pinal County Building Safety

## Permit Extension/Renewal Request

**Mail To:** Pinal County Building Safety  
P.O. Box 1610  
Florence, AZ 85132  
Attn: Permit Techs

**Fax To:** (520) 866-6517

**Date:** \_\_\_\_\_

**Permit #:** PER \_\_\_\_\_

**Project Address:** \_\_\_\_\_

A permit that has been expired for less than one year will be assessed a renewal fee of one half of the original permit fee. For example an original permit fee of \$1,400.00 would require a \$700.00 renewal fee. For a permit that has expired for more than one year, a full permit fee will be required.

**Due to the following circumstances, I am requesting that you extend/renew my permit for the allotted 180 days from date of expiration. (If more space is needed, please attach a separate page).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preferred Method of Notification (circle one):**      **Mail**      **Fax**      **Phone**      **E-Mail**  
(Please specify preferred information below)

**Name:** \_\_\_\_\_

**Mailing Address/City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### For Office Use Only

**Expiration Date:** \_\_\_\_\_

**Extended Until:** \_\_\_\_\_

**Renewal Fee:** \_\_\_\_\_