



REGULATIONS GOVERNING
WALLS AND FENCES

PINAL COUNTY BUILDING SAFETY DEPARTMENT
P.O. BOX 1610, FLORENCE, AZ. 85132
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(520) 866-6405 FAX 866-6517
www.pinalcountyaz.gov

INFORMATION
BULLETIN

014

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Below are the requirements for constructing a wall or fence in Pinal County. In addition, you will find a Wall/Fence Application for your use. The attached drawings may be of some assistance to you. If you have any questions at all, please don't hesitate to contact the Building Safety Department at the number listed above. Please contact the Planning & Development Department (520-866-6442) for a list of their requirements regarding the location and height of your wall or fence.

A building permit is required for: Patio walls or fences exceeding 6 feet in height measured from inside finished grade, **or** retaining walls exceeding 4 feet in height measured from bottom of footing may require plans prepared by an Arizona Registered Engineer. Please contact our office for more information.

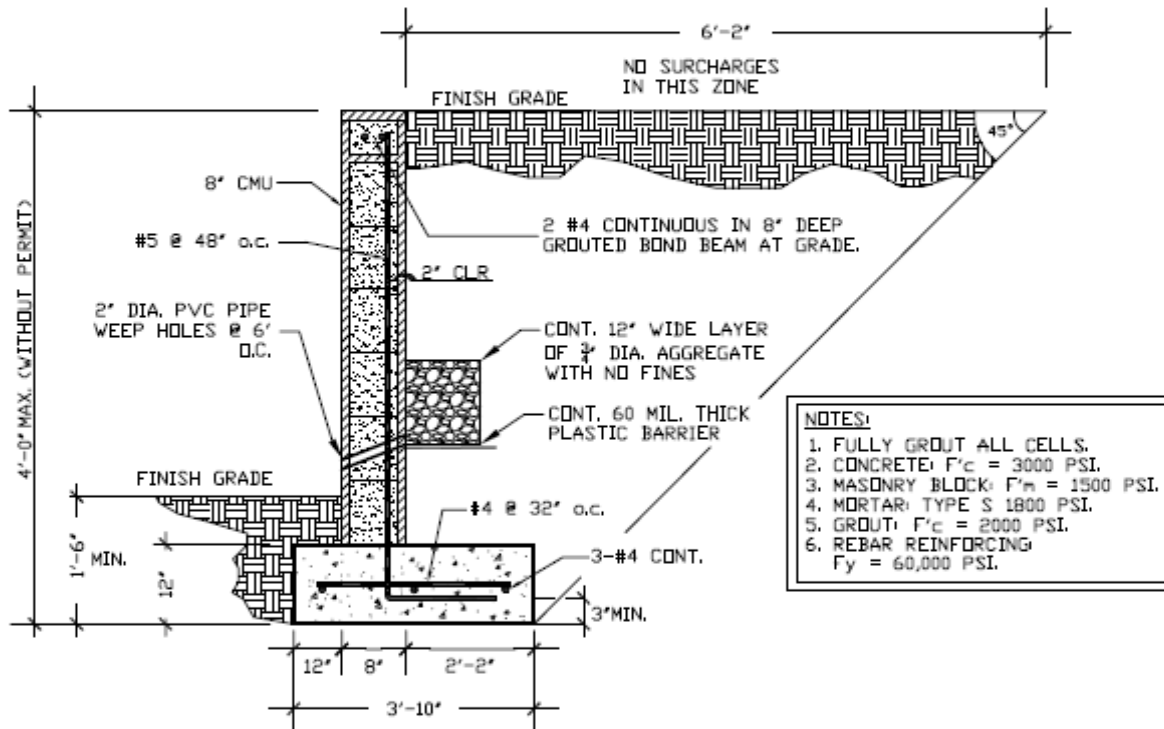
A building permit is NOT required for: Patio walls or fences with a height **not** greater than six feet measured from finished grade (see page 2), **or** retaining walls **not** greater than four feet in height measured from the bottom of the footing (see page 3).

Building Safety Wall/Fence Fee Schedule

Type of Wall	Plan Review Fee	Permit Fee
Subdivision Walls	No Plan Review Fee	\$400 for the every 1000th linear feet
Commercial Walls	\$162.50	\$250.00
Residential Walls	No Plan Review Fee	\$80.00
Retaining Walls	No Plan Review Fee	\$1.00 x height x length

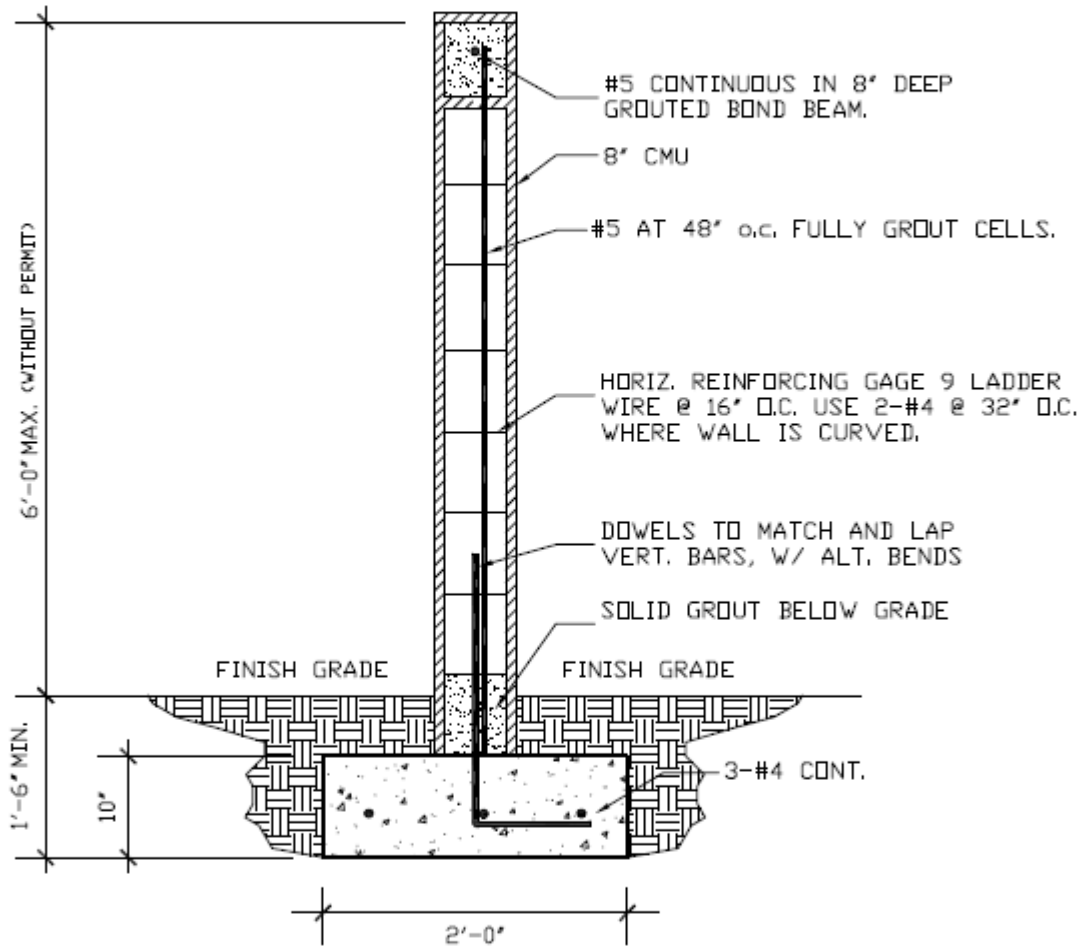
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4' RETAINING WALL DETAIL EXAMPLE DETAIL



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6' TYPICAL WALL / FENCE DETAIL EXAMPLE DETAIL



Building Permit #

PINAL COUNTY DEVELOPMENT SERVICES
WALL/FENCE PERMIT APPLICATION

TYPE OF WALL/FENCE: *SUBDIVISION _____ RESIDENTIAL _____ COMMERCIAL _____ **RETAINING _____

PARCEL # _____ BOOK _____ MAP _____ PARCEL _____

SECTION: _____ TOWNSHIP _____ RANGE _____

SUBDIVISION/PARK _____ LOT# _____

STREET ADDRESS: _____ CITY/STATE/ZIP _____

PROPERTY OWNER(S) _____ ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

CONTRACTOR _____ ADDRESS _____

CITY/STATE/ZIP _____ LICENSE/CLASS _____

HEIGHT OF FENCE/WALL IN FRONT YARD _____ VARIANCE: YES NO N/A

HEIGHT OF FENCE/WALL IN REAR & SIDE YARD _____ VARIANCE: YES NO N/A

LINEAL FOOTAGE _____ * (Only required for Subdivision Walls/Fences)

HEIGHT _____ X LENGTH _____ = TOTAL _____ **(Only required for Retaining Walls)

DISTRICT OFFICE WHERE YOU WANT TO PICK UP PERMIT: FL _____ CG _____ AJ _____ OR _____

CONTACT PERSON (WHO 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

FOR OFFICE USE ONLY

ADDRESS YES NO FLOODZONE _____ PLAN CHECK FEE _____

AREA N S E W NON-CONF _____ PERMIT FEE _____

DISTRICT 1 2 3 ZONING _____ PT/PE _____

CCO _____ ECD: _____