PINAL COUNTY DEVELOPMENT SERVICES
BUILDING PERMIT APPLICATION

Building Permit #

TYPE OF APPLICATION: COMMERCIAL_____RESIDENTIAL_____TENANT IMPROV_____REMODEL/ADDITIONS_____DEMO_____

JOB/STREET ADDRESS: _____ _____

ASSESSOR'S PARCEL #: BOOK _____ MAP _____ PARCEL _____ MLD# (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 _____

CLASS OF WORK: NEW_____ALTERATION_____ADDITION_____ESTIMATED VALUE $_____

SETBACKS (FROM EAVES): FRONT_____ LEFT SIDE _____ RIGHT SIDE _____ REAR_____

*The setbacks should be measured from either the **property line** or **future road right-of-way**, whichever is **more** restrictive.*

HEIGHT OF BUILDING _____ARE THERE ANY OUTDOOR LIGHT FIXTURES ON BUILDING?? **YES** **NO**

IS THERE A WASH/ WATER COURSE ON THE PROPERTY? **YES** **NO** INITIAL _____

IF YES, WHAT IS THE DISTANCE FROM BUILDING? _____

A ONE TIME FEE OF $20.00 MAY BE ASSESSED TO ALL PERMITS FROM THE PINAL COUNTY FLOOD CONTROL DISTRICT (FOR REVIEW OF WASHES, FLOOD PLAIN, FISSURES AND REGIONAL ROUTES) PAYABLE AT THE TIME OF PERMIT PICKUP.

RESIDENTIAL/COMMERCIAL SQUARE FOOTAGE: BASEMENT_____1ST FLOOR _____2ND FLOOR _____ GARAGE _____

CARPORT/PORCHES_____ TOTAL SQUARE FOOTAGE _____ # OF STORIES _____ # OF BEDROOMS _____

ADDITIONS SQUARE FOOTAGE: LIVABLE _____ GARAGE _____ REMODEL _____ CARPORT/PORCHES/ENCLOSURES_____

UTILITIES: SEWER _____ SEPTIC _____ GAS _____ LPG _____ ELEC _____ WATER _____ WELL _____

SANITARY DIST/ CLEARANCE #: _____ GAS CO: _____ ELECTRIC CO: _____

EXISTING USE: _____ **PROPOSED USE:** _____

NOTE: (***For FBB or temporary trailers***, must provide Unit Serial# and FBB Insignia#) **SERIAL#_____INSIGNIA#_____**

OFFICE WHERE YOU WANT TO PICK UP PERMIT: FLORENCE_____CASA GRANDE _____APACHE JCT _____ORACLE _____

CONTACT PERSON (WHO DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP AND/OR QUESTIONS?):

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.

_____ X _____ _____

PRINT NAME PLEASE | SIGNATURE OF OWNER/ AGENT | DATE OF APPLICATION

SPECIAL CONDITIONS: _____

FOR OFFICE USE ONLY

ADDRESS	YES NO	ADDRESS FEES	_____ P/D_____				
AREA	N S E W	ZONING FEES	_____ P/D _____				
DISTRICT	1 2 3					TYPE OF CONSTR.	_____
FLOODZONE	_____	SUBMITTAL FEE	_____	REC_____		OCCUP. CLASS	_____
NON-CONF	_____	PLAN CHECK	_____	REC_____		PLANS EXAMINER	_____
ZONING	_____	PERMIT FEE	_____	REC_____		ACT. VALUATION	_____
INSPECTOR	_____					OCCUPANT LOAD	_____
IN-HOUSE	_____					SPRINKLERED? Yes or NO	_____
ZONING CLEARANCE FOR SEPTIC ISSUED		YES NO				ECD:	_____

FIRE DISTRICT NOTIFICATION: _____

This master Application revised: 12/2011