



# PINAL COUNTY COMMUNITY DEVELOPMENT

85 N. FLORENCE ST.1<sup>ST</sup> FLOOR, FLORENCE, AZ 85132/520-866-6442

(Incomplete applications will not be accepted)

## HOME OCCUPATION



1. TITLE OF HOME OCCUPATION \_\_\_\_\_
2. PERSON MAKING APPLICATION \_\_\_\_\_
3. ADDRESS OF HOME OCCUPATION \_\_\_\_\_
4. MAILING ADDRESS OF APPLICANT \_\_\_\_\_
5. APN \_\_\_\_\_ to find your APN: Go to the Pinal County website, click on General Parcel Information Viewer. Enter your address in the search bar. It will show you your parcel on the map along with the APN.
6. PROPERTY OWNER(S) \_\_\_\_\_ PHONE \_\_\_\_\_ if the applicant is not the property owner, please fill out and return the attached property owner authorization form.
7. TOTAL SQ FT OF HOUSE: \_\_\_\_\_ BUSINESS USE SQ FT \_\_\_\_\_ % OF TOTAL SQ. FT \_\_\_\_\_  
(MUST BE 25% OR LESS)
8. CONTACT PHONE NUMBER OF APPLICANT \_\_\_\_\_
9. TYPE OF BUSINESS (**Attach a separate sheet to describe your business in detail. Please indicate if your business operates in a garage and if you intend to keep the garage door closed or open during business hours. ATF Approval may be required after the County permit is issued, if your business involves firearms and or ammunition.**)

I HEREBY CERTIFY THAT THIS APPLICATION AND ALL SUBMITTALS ARE TRUE AND CORRECT, AND THAT I WILL FOLLOW THE ATTACHED SECTION OF THE ZONING ORDINANCE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

*\*Applications must be submitted in person by appointment, and or by email zoning.sharedmailbox@pinal.gov.\**

### Department Use Only

FEE \$38.00:
INSPECTOR:
ZONING:

<b>Department Comments:</b>
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