PINAL COUNTY
WIDE OPEN OPPORTUNITY

PINAL COUNTY COMMUNITY DEVELOPMENT
BUILDING SAFETY DIVISION
85 N FLORENCE STREET 1ST FLOOR / P.O. BOX 2973 FLORENCE AZ 85132

SOLAR/MPE APPLICATION

Building Permit #

TYPE OF APPLICATION: **COMMERCIAL_____ MECH _____ PLUMB_____ ELEC_____SOLAR_____**

PARCEL_____

STREET ADDRESS: _____CITY/STATE/ZIP _____

PROPERTY OWNER (S) _____ADDRESS _____

CITY/STATE/ZIP_____PHONE#_____

RENTER/TENANT (S) _____ADDRESS _____

CITY/STATE/ZIP_____PHONE#_____

CONTRACTOR _____ADDRESS_____

CITY/STATE/ZIP_____PHONE _____

LICENSE/CLASS #_____

CLASS OF WORK: **(Check one:)** **NEW** **(or)** **REPAIR**

 # OF AMPS _____ # OF BTU'S_____LENGTH OF RUN _____

SIZE OF PIPE _____ **TYPE OF PIPE _____**

 # OF KW (PHOTOVOLTAIC SYSTEMS) _____ Type of system; check one: Roof Mount Ground Mount

#OF LIGHTS_____ TOTAL LUMENS_____ MAX HEIGHT_____

UTILITY COMPANY (check one):
MESA GAS_____ SWG_____ SRP_____ APS_____ ED2_____ ED3_____ ED4_____ BIA _____ TRICO_____ LPG____

WELL REGISTRATION# (If applicable) _____

EXISTING USE: _____

PROPOSED USE: _____

DISTRICT OFFICE WHERE TO PICK UP PERMIT: FLORENCE

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

NAME _____ PHONE _____

EMAIL _____

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

FOR OFFICE USE ONLY

ADDRESS: YES NO

SUBMITTAL FEE:_____

ZONING FEE: _____

PLAN REVIEW FEE:_____

ADDRESS FEE: _____

PERMIT FEES: _____

UPDATED: AUG 2023

ECD: _____