PINAL COUNTY
WIDE OPEN OPPORTUNITY

PINAL COUNTY COMMUNITY DEVELPMENT
BUILDING SAFETY DIVISION

85 N FLORENCE STREET 1ST FLOOR / P.O. BOX 2973
OFFICE: 520-509-3555 FAX: 520-866-6530

POOL/SPA PERMIT APPLICATION

Standard Plan #
Building Permit #

JOB/STREET ADDRESS: _____

PARCEL # _____

PROPERTY OWNER (S) _____

ADDRESS _____

CITY/STATE/ZIP_____**PHONE#**_____

BUILDER/CONTRACTOR _____

ADDRESS_____

CITY/STATE/ZIP_____**PHONE** _____

LICENSE/CLASS #_____

ESTIMATED VALUE OF POOL _____

SQUARE FOOTAGE OF SURFACE AREA _____

POOL SETBACKS: FRONT _____ **LEFT** _____ **RIGHT** _____ **REAR** _____

POOL HEATER: Check one: YES or NO HEATER TYPE: check if applicable: ELEC GAS LPG

UTILITY COMPANY (check one):

MESA GAS_____SWG_____SRP_____APS_____ED2_____ED3_____ED4_____BIA _____TRICO_____

SIZE OF GAS LINE: _____ **LENGTH OF RUN:** _____

SIZE & TYPE OF PIPE: _____ **BTU'S:**_____

IS THERE A WASH/ WATER COURSE ON THE PROPERTY? CHECK ONE: YES ☐ NO ☐

EXISTING USE: _____

PROPOSED USE: _____

DISTRICT OFFICE WHERE YOU WANT TO PICK UP PERMIT: Check one: FL_____ CG _____AJ _____OR _____

CONTACT PERSON (WHO DO WE CONTACT WHEN PERMIT IS READY FOR PICKUP)

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

FOR OFFICE USE ONLY

PLAN REVIEW FEE: _____ **PERMIT FEE:** _____ **ECD:** _____

UPDATED: DEC 2022