



**PINAL COUNTY**  
WIDE OPEN OPPORTUNITY

APPLICATION FOR A TEMPORARY USE PERMIT RECREATIONAL VEHICLES (RV's)  
IN AN UNINCORPORATED AREA OF PINAL COUNTY, ARIZONA  
(All Applications Must Be Typed or Written in Ink)

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**Temporary Use Permit & Property Information:**

(Feel free to include answers to these questions in a Supplementary Narrative, when doing so write "see narrative" on the space provided)

1. Tax Assessor Parcel No.: \_\_\_\_\_ 2. Size (to the nearest 1/10th of an acre) \_\_\_\_\_

3. The legal description of the property: \_\_\_\_\_

4. Current zoning: \_\_\_\_\_ 5. Requested zoning (if applicable): \_\_\_\_\_

6. The existing use(s) of the property is as follows: \_\_\_\_\_  
\_\_\_\_\_

7. The proposed use under this request: \_\_\_\_\_

8. Is there a zoning violation on the property for which the owner has been cited? If yes, zoning violation # (CC/BCC) \_\_\_\_\_

9. Explain why the proposed development is needed to serve the community or neighborhood at this time:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What is the amount of traffic that is expected to be generated? \_\_\_\_\_

11. Are you aware that if your temporary use permit is granted the Pinal County Community Development Department may include stipulations of approval on the permit to safeguard public health, safety and general welfare including, but not limited to, hours of operation, adequate sewage disposal, dust control, traffic control, etc.?  YES  NO

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INV#: \_\_\_\_\_ AMT: \_\_\_\_\_ DATE: \_\_\_\_\_ CASE: \_\_\_\_\_ Ref: \_\_\_\_\_

**I certify the information included in this application is accurate, to the best of my knowledge. I have read the application and I have included the information, as requested. I understand if the information submitted is incomplete, this application cannot be processed. All notices will be sent to the applicant unless otherwise directed in writing**

COMMUNITY DEVELOPMENT  
Planning Division

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Name of Applicant

Address

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Signature of Applicant

E-Mail Address

Phone Number

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Name of Agent/Representative

Address

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Signature of Agent/Representative

E-Mail Address

Phone Number

**The Agent/Representative has the authority to act on behalf of the landowner/applicant, which includes agreeing to stipulations. The agent will be the contact person for Planning staff and must be present at all hearings. Please use attached Agency Authorization form, if applicable.**

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Name of Landowner

Address

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Signature of Landowner

E-Mail Address

Phone Number

**If landowner is not the applicant, then applicant must submit a signed notarized consent form from the landowner with this application. Please use attached Agency Authorization form, if applicable.**

## Application Checklist:

- Submit a detailed site plan, on at least 8½ X 11, but no larger than 11" X 17" and at a maximum scale of 1" = 100'. The site plan must include the following:
  - Size and shape of parcel; property dimensions; north arrow
  - Adjacent streets; rights-of-way, easements and setbacks; indicate size; purpose and whether public or private
  - Location, size and use of all existing and proposed buildings; show setbacks from property boundary lines and between structures
  - Driveways, show access, dimensions of parcel, structures, washes and septic
- Submit this "Submittal Checklist" for the requested action. Forms are in this packet.
- Submit a list of all property owners within 300' of the subject property boundary showing name, mailing address and tax parcel numbers. This list must be obtained within the 30 days prior to application submission.
- Submit a map of the area with the 300' boundary shown. (A Tax Assessor Parcel Map is acceptable).
- Submit the non-refundable filing fee according to the fee schedule shown on coversheet of the application. (The application is not considered filed until the fees are paid.)
- Submit the affidavit in this application
- Submit the Property Owner/Agent Authorization Form
- Submit documentation for approved sewage disposal method
- Building Permit Number

## **PROPERTY OWNERSHIP LIST**

(Required for filing all applications)

Instructions: Print Name, Address, City, State, Zip Code and Tax Parcel Number for each property owner within 300 feet of the subject parcel boundary. Feel free to attach a separate list if generated digitally. Please see "How to use the Buffer Tool" on our FAQ's page if you are generating the list.

Parcel No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

Parcel No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

Parcel No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

Parcel No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

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Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

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City/ST/Zip: \_\_\_\_\_

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Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

Parcel No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

Parcel No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_

I hereby verify that the name list above was obtained on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the office of \_\_\_\_\_ and is accurate and complete to the best of my knowledge.  
(Source of Information)

On this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, before me personally appeared \_\_\_\_\_  
(Name of signor)

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ )ss.

(SEAL)

County of \_\_\_\_\_

My Commission Expires \_\_\_\_\_ Signature of Notary Public \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_ in the State of Arizona County of Pinal, do hereby declare that:

1. I am the applicant for a Temporary Use Permit (TUP) for: \_\_\_\_\_

2. I understand I must comply with the condition (s) of the TUP as required by the Community Development Director or his designee(s) in accordance with 2.151.030 of the Development Services Code
3. I understand I must have an active valid building permit for a single-family residence for the property in question, which has been issued and fees paid
4. I understand this TUP will terminate 180 contiguous calendar days from the approval date as specified by the Community Development Director or his designee(s) and a building permit extension does not constitute an extension of my TUP
5. I understand that I must be an owner builder and actively building to qualify for a TUP
6. I understand that if granted the TUP Certificate must be conspicuously posted on the RV and be clearly visible from the nearest public right-of-way and be produced upon request
7. I understand that I must have passed the strap and shear building inspection (or an equivalent level of construction as determined by the Building Official) to be eligible for a new TUP application
8. I understand that I must reapply for one new TUP before the expiration date of an old TUP to be eligible to reapply for an additional 180 contiguous calendar day TUP, not to exceed one year total
9. I understand that expired TUPs for RVs are ineligible for reapplication
10. I understand that I am required to maintain an approved sewage disposal method and restore the site, at a minimum, to the conditions existing prior to this requested use
11. I understand that expired TUPs for RVs may be subject to code enforcement action
12. I understand that all financial or other obligations resulting from approval or conditional approval of this Temporary Use Permit are the sole responsibility of the applicant. Posting of a bond may be required for estimated financial obligations
13. I understand that any violation of conditions of this permit issuance shall cause the permit to become null, void and ineligible for renewal

\_\_\_\_\_  
*[Signature]*

\_\_\_\_\_  
*[Signature]*

\_\_\_\_\_  
*[Address]*

\_\_\_\_\_  
*[Address]*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ )

) ss.

(SEAL)

COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me, this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_