



APPLICATION FOR MINOR LAND DIVISION AND/OR LOT COMBINATION  
IN AN UNINCORPORATED AREA OF PINAL COUNTY, ARIZONA  
(All Applications Must Be Typed or Written in Ink)

MLD \_\_\_\_\_ - \_\_\_\_\_

WHAT ARE YOU APPLYING FOR: (CHECK ALL THAT APPLY)  MINOR LAND DIVISION  LOT COMBINATION

**MINOR LAND DIVISION GUIDELINES**

1. The parent parcel must have its own unique parcel number.
2. Please provide a copy of your preliminary **Title Report** to your surveyor at the time of survey.
3. If you own an adjoining parcel or have previously sold land adjacent to your present property this will be counted as part of your minor land division.
4. Recording of your survey does not divide your property, you must deed the property, recording fees are separate.
5. Please review Arizona Revised Statute 33-422.
6. Please take a moment to familiarize yourself with the MLD ordinance. The ordinance and application can be viewed and downloaded from: <http://pinalcountyz.gov/CommunityDevelopment>  
**(Chapter 4.05 of Pinal County Development Services Code)**
7. The review process can take up to thirty (30) working days to complete. The applicant will be notified if this application is placed on hold.
8. To initiate the assignment of a new Assessor Parcel Number, a deed will need to be recorded describing the newly created parcel. If you have not received the new APN after some time, you may contact the Assessor’s Office at 520 866-6377 or [Cartography@pinal.gov](mailto:Cartography@pinal.gov).

**PINAL COUNTY ONLY ACCEPTS MINOR LAND DIVISIONS APPLICATIONS ELECTRONICALLY:**

<https://citizenaccess.pinalcountyz.gov/CitizenAccess/Default.aspx>

**WHAT YOU WILL NEED TO SUBMIT:**

- \_\_\_ Minor Land Division Application (completed with notarized signatures)
- \_\_\_ Copy of the recorded deed of the original lot
- \_\_\_ A current Title search no older than 30 days
- \_\_\_ Copies of all documents that verify legal access to the property.
- \_\_\_ Copy of a survey map that has been prepared by a Registered Land Surveyor that shows original lot lines and revised lot lines
- \_\_\_ The legal description of the parent parcel and for each of the proposed parcels
- \_\_\_ The of the means of conveyance of easement indicating public or private access
- \_\_\_ Pinal County asks that all taxes be paid in full
- \_\_\_ A non-refundable processing fee of \$272.00. This can be paid by check or money order, payable to “Pinal County” or by credit card which has an additional 2.5% credit card processing fee.

## LOT COMBINATION GUIDELINES

1. Lot Combination in platted subdivision are generally not allowed and may require a replat.  
**Please consult with department personnel before submitting this application.**
2. The lots being combined must be contiguous.
3. The lots must have the same owner.
4. The lot being combined must have the same zoning, vesting and tax area codes.
5. This process can take up to **thirty (30) working days** to complete. The applicant will be notified if this application is placed on hold.
6. The processing fee is \$272.00, non-refundable.
7. Recording fees are separate.
8. To initiate the assignment of a new Assessor Parcel Number, a deed will need to be recorded describing the newly created parcel. If you have not received the new APN after some time, you may contact the Assessor's Office at 520 866-6377 or [Cartography@pinal.gov](mailto:Cartography@pinal.gov).

### Submittal Checklist

- Lot Combination Permit Application.
- Copy of the recorded deeds of the original lots.
- Lot Combination Permit Application survey map
- Lot Combination legal description
- A non-refundable processing fee of \$272.00. This can be paid by check or money order, payable to "Pinal County" or by credit card which has an additional 2.5% credit card processing fee.

### (FOR NON-SUBDIVISION ONLY)

- Copy of the platted parcel map.
- Copy of the recorded deeds of the original lots.
- Copy of the legal description describing the one combined lot.

**THIS APPLICATION CONSISTS OF PARTS A, B AND C**

If the property is owned by a company, corporation, partnership, LLC, etc., please use the Agency Authorization, Pages 5 & 6.  
NOTE: The recording of your survey does not divide your property.

**PART A - TO BE FILLED OUT BY APPLICANT**

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

**PROPERTY INFORMATION**

Assessor Parcel Number(s): \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

Address/Location: \_\_\_\_\_

**ACKNOWLEDGMENTS:**

- The Developer/Owner or their designated Contractor shall obtain a Pinal County Right of Way Use Permit prior to any work being performed within the County right of way or within a Pinal County Maintained Roadway. Contact Pinal County Public Works Inspection Section at least 7 working days in advance of any work. Contact for permit application at 520-866-6454 \_\_\_\_\_ Initials
- I also certify that I have informed my surveyor of the location(s) of all septic tank(s) and above ground structures on my property.
- Legal & physical access to the parent parcel is / is not traversable by 2 wheel drive passenger motor vehicle.
- Legal & physical access to the each proposed parcel is / is not traversable by 2 wheel drive passenger motor vehicle.

Signature of Property Owner (s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner(s): \_\_\_\_\_

Signature of Property Owner (s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner(s): \_\_\_\_\_

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

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

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

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

## PART B TO BE FILLED OUT BY SURVEYOR

### ACKNOWLEDGMENTS:

If I, or my firm, are acting as representative for the client. Please complete Agency Authorization Form.

I have shown all visible structures and existing improvements to the property on the submitted drawing.

The survey drawing submitted complies with Pinal County Ordinance 120606-RMLD –Ordinance to Regulate Minor Land Divisions

Legal & physical access to the parent parcel is / is not traversable by 2 wheel drive passenger motor vehicle.

Legal & physical access to the each proposed parcel is / is not traversable by 2 wheel drive passenger motor vehicle.

SURVEYOR SIGNATURE: \_\_\_\_\_ RLS#: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ ZONING: PZ CASE #: \_\_\_\_\_

IF THE PARCEL IS LOCATED INSIDE A PREVIOUSLY PLATTED SUBDIVISION OR RECORDED SURVEY COMPLETE THE FOLLOWING:

BOOK/MAP: \_\_\_\_\_

OR CABINET/SLIDE: \_\_\_\_\_

OR SURVEY BOOK/MAP: \_\_\_\_\_

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## PART C TO BE FILLED OUT BY PLANNING & DEVELOPMENT

ZONING: \_\_\_\_\_ PREVIOUS MLD: \_\_\_\_\_ FLOOD ZONE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



## CORPORATE SIGNATURE AND ACKNOWLEDGEMENT

[Corporate PROPERTY OWNER signature block and acknowledgment the appropriate corporate officer, or trustee, signs this signature block NOT the block on the previous page.]

\_\_\_\_\_  
[Insert Company's or Trust's Name]

By: \_\_\_\_\_  
[Signature of Authorized Officer, or Trustee]

Its: \_\_\_\_\_  
[Insert Title]

Dated: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

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

\_\_\_\_\_,  
[Insert Signor's Name] [Insert Title]

\_\_\_\_\_,  
[Name of Company or Trust] [Insert State of Incorporation, if applicable] an,

and who being authorized to do so, executed the foregoing instrument on behalf of said entity for the purposes stated therein.

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

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

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

**ALTERNATE: Use the following acknowledgment only when a second company is signing on behalf of the owner:**

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

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

\_\_\_\_\_, who acknowledges himself/herself to be

[Insert Signor's Name]  
\_\_\_\_\_, of \_\_\_\_\_  
[Title of Office Held] [Second Company]

as \_\_\_\_\_ for \_\_\_\_\_, and who being  
[i.e. member, manager, etc] [Owner's Name]

authorized to do so, executed the foregoing instrument on behalf of said entities for the purposes stated therein.

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

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

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