



PINAL COUNTY COMMUNITY DEVELOPMENT

31 N. PINAL ST. BLDG. F, 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 _____
i. (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

*Application must be submitted in person, in one of the Pinal County offices along with a \$38.00 check.

INSPECTOR _____
ZONING _____

Department Comments:

UPDATED: FEB. 2018