



P I N A L • C O U N T Y
wide open opportunity

Minor Land Division Application
(Chapter 4.05 of Pinal County Development Services Code)

PLEASE TAKE A MOMENT TO FAMILIARIZE YOURSELF WITH THE ORDINANCE. THE ORDINANCE AND THE APPLICATION CAN BE VIEWED AND DOWNLOADED FROM

<http://pinalcountyaz.gov/PlanDev>

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.
5. Please review Arizona Revised Statute 33-422

WHAT YOU WILL NEED TO BRING WITH YOU:

- ___ A copy of the recorded deed
- ___ Minor Land Division Application
- ___ A current Title search
- ___ Copies of all documents that verify legal access to the property.
- ___ Bring 2 copies of your survey showing how you propose the division.

(DRAWINGS MAY BE 18 X 24 OR 24 X 36)

- ___ Bring 1 CD containing a PDF of the Survey
- ___ A copy of the legal description of the parent parcel and for each of the proposed parcels
- ___ A copy of the recorded deed.
- ___ A copy of the means of conveyance of easement indicating public or private access
- ___ Bring your completed application which included all owners notarized signatures.

(There are notaries available here for your convenience.)

- ___ Pinal County asks that all taxes be paid in full
- ___ Our processing fee is \$272.00. This must be paid by check or money order.

If you choose to use a credit card you will incur a 2 1/2 % fee.

Bridget Fisk Minor Land Division Coordinator
520-866-6641, fax: 520-866-6435
e-mail: bridget.fisk@pinalcountyaz.gov

MINOR LAND DIVISION APPLICATION

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

MLD _____ - _____

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: _____

DAYTIME PHONE: _____ **MESSAGE PHONE:** _____

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
- If you are designating a representative to act on your behalf for this Minor Land Division, please complete Page 5 also.
- I am in compliance with ARS §11-831, §32-2101 *et seq*, **AND** Pinal County Development Services Code, Title 4, Minor Land Divisions with regard to land divisions.
- 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: _____

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THE FOLLOWING TWO ITEMS MUST BE COMPLETED BEFORE SUBMITTING THIS APPLICATION FOR REVIEW.

PART B TO BE COMPLETED BY THE ASSESSOR'S AND TREASURER'S OFFICES

1. ASSESSOR'S OFFICE: TAX ASSESSOR PARCEL NUMBER (S): _____.

This split is scheduled to be added to the _____ (year) Tax Roll, **upon recordation of deeds.**

REVIEWED BY: _____ DATE: _____ EXTENSION: _____

2. TREASURER'S OFFICE:

A. _____ (and prior) Amount due: \$ _____ B. _____ Property taxes due: \$ _____
YEAR YEAR

REVIEWED BY: _____ DATE: _____ EXTENSION: _____

Pinal County requests that all taxes be paid prior to making application.

PART C TO BE FILLED OUT BY SURVEYOR

ACKNOWLEDGMENTS:

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.

If there is a dwelling and/or septic on the parent parcel, provide additional drawing for Environment Health use.

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: _____

PART D TO BE FILLED OUT BY PLANNING & DEVELOPMENT

ZONING: _____ PREVIOUS MLD: _____ FLOOD ZONE: _____

REVIEWED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

TO BE COMPLETED BY ALL LANDOWNERS OF SUBJECT PROPERTY WHEN LANDOWNERS DO NOT REPRESENT THEMSELVES.

Instructions for completing required information are in bold and brackets below lines. If applicant is a company, corporation, partnership, joint venture, trustee, etc., please use the corporate signature block and have the notary fill n the notarization section for corporations not individuals.

AGENCY AUTHORIZATION

TO: Pinal County Planning & Development Services
P.O. Box 2973
Florence, AZ 85232

_____ *[Insert Name -- If a Corporation, Partnership or Association, Include State of Incorporation]*
hereinafter referred to as "Owner," is/are the owner(s) of _____ acres located at

_____, and further identified .

_____ *[Insert Address of Property]*

as assessor parcel number _____ and legally described as follows:
[Insert Parcel Number]

[Insert Legal Description Here OR Attach as Exhibit A]

Said property is hereinafter referred to as the "Property."

Owner hereby appoints _____ *[Insert Agent's Name. If the Agent Is a Company, Insert Company Name Only]*

hereinafter referred to as "Agent," to act on Owner's behalf in relation to the Property in obtaining approval from Pinal County for a minor land division and to file applications and make the necessary submittals for such approvals.

[Individual PROPERTY OWNER signature block and acknowledgment. DO NOT SIGN HERE IF SIGNING AS AN OFFICER OF A CORPORATION ON THE NEXT PAGE.]

[Signature]

[Address]

Dated: _____

[Signature]

[Address]

Dated: _____

STATE OF _____)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____ by _____

Printed Name of Notary

Signature of Notary

My Commission Expires: _____

[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]*

_____, an _____,
[Name of Company or Trust] *[Insert State of Incorporation, if applicable]*

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: _____