

<p>GRAHAM COUNTY</p> 	<p>PLANNING & ZONING /COMMUNITY DEVELOPMENT</p> <p>General Services Building 921 Thatcher Boulevard Safford, Arizona 85546 Ph: (928) 428-0410 Fax: (928) 428-8825</p>	<p>HEARING PROCESS TAKES ABOUT 3- MONTHS</p> 
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HEARING APPLICATION

(Legal Description for any parcel being applied for is required)

UTILITY COMPANY	TYPE OF REQUEST	FOR OFFICIAL USE ONLY
<p>WATER CO: _____</p> <p>PLEASE CHECK ONE</p> <p>Sewer <input type="checkbox"/> Septic <input type="checkbox"/></p> <p>WELL: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><input type="checkbox"/> Rezoning</p> <p><input type="checkbox"/> Special Use Permit</p> <p><input type="checkbox"/> Conditional Use Permit</p> <p><input type="checkbox"/> Temporary Use Permit</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Subdivision Plats</p> <p><input type="checkbox"/> Development Plan</p>	<p>HEARING # _____ DATE APPLIED _____</p> <p>FEES REC'D _____ CK # _____ CASH _____</p> <p>CURRENT ZONE _____ PROPOSED ZONE _____</p> <p>RECEIVED & REVIEWED BY: _____</p> <p>COMMENTS: _____</p>

HEARING ACTION: P&Z Commission _____ Board of Adjustment _____ Board of Supervisors _____ Planning Director _____

PROPERTY OWNER'S INFORMATION:

Owner's Name: _____
First Last Sr./Jr.

Mailing Address: _____
City State Zip

Physical Address
for parcel being rezoned: _____
City State Zip

Phone #: _____ APN (Parcel) #: _____ Parcel Size: _____ Sec.: _____ T.: _____ R.: _____

APPLICANT'S NAME: (If different)

Applicant's Name: _____
First Last Sr/Jr.

Mailing Address: _____
City State Zip

Phone #: _____

My signature indicates that I am a legal representative or an acknowledge agent and further declare that all the information submitted is true and correct to the best of my knowledge and belief. I further acknowledge that approval by the Board of Supervisors is not guaranteed and any fees paid are non-refundable.

Signature: _____ Date: _____
 Applicant / Agent Signature

***If applicant is not the property owner, a Special Power of Attorney form from the owner is required**

REASON FOR REQUEST: _____



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921 Thatcher Boulevard, Safford, AZ 85546

Phone: (928) 428-0410

Fax: (928) 428-8825

Property Owner Waiver

The Property Owner acknowledges that neither the rezoning of Assessor Parcel Number(s) (APN): _____ nor the conditions of rezoning give the Property Owner any rights, claims or causes of action under the Private Property Rights Protection Act (Arizona Revised Statutes, Title 12, chapter 8, article 2.1). To the extent that the rezoning or conditions of rezoning may be construed to give the Property Owner any rights or claims under the Private Property Rights Protection Act, the Property Owner hereby waives any and all such rights and/or claims pursuant to A.R.S. 12-1134(1), -1135 and -1137.

Name of Property Owner (please print)

Date

Signature of Property Owner