



**TEMPORARY/CONDITIONAL
USE PERMIT APPLICATION**

PLANNING & COMMUNITY DEVELOPMENT
 Telephone: (928) 432-4140 Fax: (928) 348-8515
 808 S 8th Avenue / P.O. Box 272
 Safford, Arizona 85548

- OFFICE USE ONLY -	
Date Received:	_____
<input type="checkbox"/> Approved	
Date Issued:	_____
<input type="checkbox"/> Denied	
Date Denied:	_____
Reason for denial:	_____

This application is reviewed for completeness by the Planning and Community Development Department. Please review the application for required submittal documents and review procedures. The applicant will be notified during the review process or upon completion of the initial review if there are deficiencies in the application requirements.

The review of this permit application will be based upon the City of Safford Municipal Code as well as all other associated codes as adopted by the City of Safford. Any clarification on statutes, ordinances, codes or policy may be directed to the Planning and Community Development Department. The review of this application may take up to two to four weeks. Upon approval of this application, inspections may be required by the Planning and Community Development Department, Utility Department, Public Works Department, and/or Engineering Department. By signing the permit, you are giving the City of Safford permission to conduct any and all inspections required. For questions or information concerning this application, please contact the Planning and Community Development Department at 928-432-4140.

Conditional use permits are reviewed by the Board of Adjustment, and subject to the procedures for a public hearing per Zoning Ordinance Section 17.20.050 and Arizona Revised Statutes Title 9, Article 6.2.

If applicant wishes to appeal a denial of a permit, applicant may appeal to the City of Safford Board of Adjustment according to Section 17.88.030 of the City of Safford Municipal Code.

Select One: **Conditional Use Permit (\$150)** **Temporary Use Permit (\$50)**

Applicant Name	Mailing Address	City, State Zip	Phone
Email Address:			
Site Address or Parcel Number			
Property Owner	Mailing Address	City, State Zip	Phone
Email Address:			
Property Owner Signature of Approval:			

Description of Request: _____

(Temporary Use Only) Beginning and Ending Date(s): _____

Hours of Operation: _____

I hereby certify that I have read and examined this permit application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law.

Applicant's Signature: _____ Date: _____

TEMPORARY USE PERMIT SUBMITTAL REQUIREMENTS

Submitted	
	A legal description of the property to be used, rented, or leased for the temporary use, including all information necessary to accurately portray the property.
	A description of the proposed use. Include a description of any possible impacts on nearby property due to extraordinary noise, odors, lighting, etc.
	Plan of development, drawn to scale, which shows all existing and proposed structures with setbacks from property lines and distance between structures. Show any proposed sanitary facilities, and parking spaces that are available to service the proposed use. Must show sufficient access, parking and maneuvering space at the site.
	The number, size and location of any proposed signs.
	Must have written permission of the owner of the property to be used.
	Trash receptacle locations provided for customers to dispose of trash related to the activity and the applicant is responsible for removing all trash, litter and refuse from the site at the end of each business day.

Mobile Food Vendors may occupy a property for a period of time not longer than forty-eight (48) hours and may not occupy the same property more than ten (10) times in a calendar year.

CONDITIONAL USE PERMIT SUBMITTAL REQUIREMENTS

See Zoning Ordinance Section 17.12.205 for requirements.

- Office Use Only -

Conditional Use Permit Temporary Use Permit
 Approved Denied

City of Safford Approving Official: _____ Date Issued: _____

Additional Requirements:
