



ACTION REQUEST 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: _____

Case Number: _____

Paid Date: _____

Approved Date: _____

Denied Date: _____

Comments:

Action Requested:

- | | | |
|---|--|--|
| <input type="checkbox"/> Rezone/Map Amendment (\$150) | <input type="checkbox"/> Text Amendment | <input type="checkbox"/> Preliminary Plat (\$200; + \$5/lot) |
| <input type="checkbox"/> Final Plat (\$200; + \$5/lot) | <input type="checkbox"/> Exception to Subdivision Regulation | <input type="checkbox"/> Variance |
| <input type="checkbox"/> General Plan Amendment (\$300) | <input type="checkbox"/> Conditional Use (\$150) | <input type="checkbox"/> Other: _____ |

Project Description: _____

Location of Project: _____

Parcel Number(s): _____

Legal Description (attach if necessary): _____

Applicant Name	Mailing Address	City, State Zip
Email Address:		Phone:
Property Owner <small>(if different from applicant)</small>	Mailing Address	City, State Zip
Email Address:		Phone:
Property Owner Signature of Approval:		
Engineer/Architect/Surveyor <small>(if applicable)</small>	Mailing Address	City, State Zip
Email Address:		Phone:
Registration Number:		

I hereby certify that I have read and examined this application and know the same to be true and correct.

Applicant Signature: _____

Date: _____