

TOWN OF SUPERIOR
199 N. Lobb Avenue
P.O. Box 218
Superior, AZ 85173
(520) 689-5752

APPLICATION FOR ZONE AMENDMENT

Application No.: _____ Date Received: _____ Fee: \$ 500.00 for Zoning Text Change, \$500.00 + \$20.00 per ac. Map Change, \$1,000.00 deposit plus actual cost for PD Zone.

Receipt No.: _____ Received by: _____

In order to expedite processing of this request for a Zoning Amendment, and to eliminate unnecessary delays to the applicant, the Zoning Administrator will not accept this application unless all items have been checked off, and this application form has been signed and dated.

In the event errors or omissions are discovered, the application will be deemed incomplete, and will be returned to the applicant for revision.

APPLICATION IS HEREBY MADE TO THE ZONING ADMINISTRATOR THAT:

Property Owner: (Attach sheet if more than one property owner.)

Name: _____ Phone No.: _____
Address: _____ Cell No.: _____
City: _____ State: _____ Zip: _____

Applicant: (Attach sheet if more than one applicant.)

Name: _____ Phone No.: _____
Address: _____ Cell No.: _____
City: _____ State: _____ Zip: _____

BE GRANTED A ZONE CHANGE ON PROPERTY LOCATED AT:

Property Address or Location: _____

Assessor's Parcel Number(s): _____

Legal Description of Property(s): _____

General Plan Land Use Designation: _____

Existing Zone District: _____

Proposed Zoning District: _____

- Copy of map or plot of the proposed zone amendment.

ZONING ADMINISTRATOR REVIEW OF EACH ZONE AMENDMENT APPLICATION WILL INVOLVE CONSIDERATION OF THE FOLLOWING FACTORS:

1. The zone change application is consistent with the Town’s General Plan.
2. The proposed zone change is consistent with the general nature of the surrounding area.

Upon review of the recommendations of the Planning and Zoning Commission, the Town Council will consider all aspects of the zone amendment request before making a determination to approve, conditionally approve, or deny the request. The ruling of the Town Council will be final unless appealed to the Board of Adjustment in accordance with Section 2.4 of the Town’s Zoning Ordinance.

APPLICANT’S SIGNATURE AND DATE INDICATES COMPLETION AND INCORPORATION OF THE ABOVE-MENTIONED ITEMS INTO THIS ZONE AMENDMENT APPLICATION.

I certify that I am the record owner or authorized agent, and that the information filed is true and correct to the best of my knowledge.

Applicant’s Signature

Date

Owner’s Signature

Date