



FINAL PLAT APPLICATION

TO BE COMPLETED BY APPLICANT
(ALL INFORMATION MUST BE PROVIDED)

- OFFICE USE ONLY -

Date Received: _____

Approved

Date Issued: _____

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. If there are deficiencies in the application requirements, the applicant will be notified during the review process or upon completion of the initial review.

The review of this application will be based upon the City of Safford Municipal Code as well as all other associated Building Codes as adopted by the City of Safford, and 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 and may be requested by the applicant at any time. By signing, 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.

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

1. Name of Subdivision _____

2. General Location of Project _____

Tax Parcel Number(s) _____

General Legal Description _____

3. Land Area (square feet) _____

4. Brief Description of Subdivision _____

5. Name and Mailing Address of Developer _____

Phone Number _____

6. Name and Mailing Address of Property Owner (if different than above):

If the property owner is not the developer, please submit a letter from the owner issuing permission to proceed with the request.

7. Name and Mailing Address of Engineer/ Surveyor _____

Phone Number _____

8. Name and Mailing Address of Designated Agent/ Representative (if different than developer)

Phone Number _____

I have read the Final Plat application packet and understand that if my application is not complete in all respects, it will not be reviewed until such time as it is complete.

Signature Date

The following schedule of fees is hereby established for the City of Safford effective from June 30, 2000 until otherwise modified by action of the Common Council:

Final Plat	\$200.00 + \$5.00/Lot
Plat Revision	\$100.00

SUBMITTAL REQUIREMENTS

Not Addressed	Addressed	
		A. (12) 24" x 36" Blue lines
		B. (1) photographic Mylar of final plat
		C. 10 copies of the final improvement plans including: <ol style="list-style-type: none"> 1. Paving, Grading, & Drainage Plans 2. Utility Plan 3. Water & Sewer Plans 4. Street Plan & Profile 5. Easement Plan
		D. 3 copies of final drainage report <ol style="list-style-type: none"> 1. 3 copies of soil report 2. 3 copies of agreements
		E. 3 copies of final CC & Rs
		F. 3 copies of Subdivision Improvement Assurances
		G. 1copy of the final title report (clear title)
		H. Project Engineer's Cost Estimate of Public Improvements
		I. Water Adequacy Statement
		J. Water Rights/ Wells Transfer (if applicable)
		K. Identification Data
		L. Survey Data
		M. Description Data
		N. Required Notes
		O. Assurances
		P. Dedication in Final Plat
		Q. Required Certifications