



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: _____

Approved Date: _____

Denied Date: _____

Reason for denial:

Action Requested:

- Rezone/Map Amendment (\$150)
 Text Amendment
 Preliminary Plat (\$200; + \$5/lot)
 Final Plat (\$200; + \$5/lot)
 Exception to Subdivision Regulation
 Variance
 General Plan Amendment (\$300)
 Other: _____

Project Description: _____

Location of Project: _____

Parcel Number(s): _____

Legal Description (attach if necessary): _____

Applicant Name	Mailing Address	City, State Zip
Email Address:		Phone:
Owner <i>(if different from applicant)</i>	Mailing Address	City, State Zip
Email Address:		Phone:
Owner Signature:		
Engineer/Architect/Surveyor	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: _____