City of Tempe
Community Development Department
31 E. 5th Street
Tempe, AZ. 85281

WAIVER OF RIGHTS AND REMEDIES
UNDER A.R.S. §12-1134

This Waiver of Rights and Remedies under A.R.S. § 12-1134 (Waiver) is made in favor of the City of Tempe (City) by:

_____ *(Owner or Entity)*.

Owner acknowledges that A.R.S. § 12-1134 provides that in some cases a city must pay just compensation to a land owner if the city approves a land use law that reduces the fair market value of the owner's property (Private Property Rights Protection Act).

Owner further acknowledges that the Private Property Rights Protection Act authorizes a private property owner to enter an agreement waiving any claim for diminution in value of the property in connection with any action requested by the property owner.

Owner has submitted Application for Insert Project Name _____, to the City requesting that the City approve the following:

_____ GENERAL PLAN AMENDMENT
_____ ZONING MAP AMENDMENT
_____ PAD OVERLAY
_____ HISTORIC PRESERVATION DESIGNATION/OVERLAY
_____ USE PERMIT
_____ VARIANCE
_____ DEVELOPMENT PLAN REVIEW
_____ SUBDIVISION PLAT/CONDOMINIUM PLAT
_____ OTHER _____
(Identify Action Requested)

for development of the following real property (Property):

Property Address: _____

Assessor Parcel Number: _____

By signing below, Owner voluntarily waives any right to claim compensation for diminution in Property value under A.R.S. §12-1134 that may now or in the future exist as a result of the City's approval of the above-referenced Application, including any conditions, stipulations and/or modifications imposed as a condition of approval.

This Waiver shall run with the land and shall be binding upon all present and future owners having any interest in the Property.

This Waiver shall be recorded with the Maricopa County Recorder's Office.

Owner warrants and represents that Owner is the fee title owner of the Property, and that no other person has an ownership interest in the Property.

Dated this _____ day of _____, 20___.

OWNER: _____

By Its Duly
Authorized Signatory: _____
(Printed Name)

_____
(Signed Name)

Its: _____
(Title, if applicable)

State of _____)
) ss.
County of _____)

This instrument was acknowledged before me this _____ day of _____, 20___ by _____.

Notary Public
My Commission Expires:

_____
(Signature of Notary)

For City of Tempe Community Development Department Use Only

PL Tracking Number: _____