City of Safford

A great place to live, work, and visit

REZONE 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:

Rezone/Map Amendment ($150)

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 *(if different from applicant)*	Mailing Address	City, State Zip
Email Address:		Phone:
Property Owner Signature of Approval:		
Engineer/Architect/Surveyor *(if applicable)*	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: _____

Case Number _____

CITY OF SAFFORD

AGREEMENT TO WAIVE CLAIMS FOR DIMINUTION IN VALUE

PERSUANT TO A.R.S. SECTION 12-1134

I/We, _____, ("Owner") am/are all of the owner(s) of real property ("Property") generally located at _____, consisting of approximately _____ acres, as shown in the evidence of ownership ***(Exhibit A)*** and is legally described and shown on the map in ***Exhibit B***, both of which are attached to this Agreement.

The Property is subject to the land use laws of the City of Safford, Arizona. For purposes of this Waiver, "land use law" shall be defined as set forth in A.R.S. Section 12-1136.

I/We have requested that the City take/approve the land use action (_____) as set forth in ***Exhibit C***, which is attached to this Agreement.

I/We acknowledge that as the request is processed for approval, changes may be made to the details and requirements for approval of the request. Some of these changes may materially alter the request, so that the final approval may be substantially different than originally requested. I/We understand and agree that execution of an additional waiver will be required for approval if the request is altered.

I/We acknowledge that the Requested Action may alter my/our rights to use, divide, sell or possess our Property, and that, pursuant to A.R.S. Section 12-1134, as the owner of property directly regulated by a land use law, I/We may be entitled to compensation from the City for diminution of value in the property if the action I/We have requested from the City reduces the fair market value of the above described property.

By signing this Agreement, I/We hereby agree to waive any and all claims for diminution in value for the Property which may arise pursuant to A.R.S. Section 12-1134 as a result of the City's actions, including but not limited to approvals, denials or conditions of approvals with respect to the above-described Requested Action.

I/We hereby further understand that the City is acting in reliance upon my/our representations in this waiver.

Case Number _____

Waiver of Claims for Diminution in Value

Signature Page

_____

_____ Date:_____

Property Owner Signature

_____

Printed Name

By Its_____

STATE OF ARIZONA)

) ss.

County of Graham)

SUBSCRIBED AND SWORN before me this _____day of _____, 20___, by _____.

_____

Notary Public

My Commission Expires:

_____