City of Benson
Zoning Regulations Map Amendment
Rezoning Application

Date:_____ Date Submitted:_____

1. Property Owner Name: _____

2. Contact Person, if different: _____

3. Address:_____

4. Telephone Number:_____

5. Email: _____

6. Tax Parcel Number: _____

7. Applicant is (check one):
_____Sole Owner _____ Joint Owner (see below)
_____ Designated Agent of Owner _____ None of the above (explain)

_____

_____

8. If Applicant is the *not* the sole owner, indicate which **notarized** proof of agency is attached:
_____ Corporation- Corporate resolution designating applicant to act as agent.
_____ Partnership- Written authorization from partner.
_____ Designated Agent- Notarized letter from property owner(s) authorizing representation as agent for this application.

9. Indicate which proof of ownership is attached for all property proposed for rezoning.
_____ Copy of Deed of Ownership
_____ Copy of Title Report
_____ Copy of Tax Notice
_____ Other (list):_____

10. Will approval of rezoning result in more than one zoning district on any tax parcel?
Circle one: Yes No

11. If property is a new split, or the rezoning request results in more than one zoning district on any tax parcel, then a copy of a survey and associated legal description stamped by a surveyor or engineer licensed by the State of Arizona must be attached.

12. Is more than one parcel contained within the area to be rezoned?

_____ Yes –List the name, contact information and parcel number of all properties included in this application. Provide a petition of property owners showing the consent and agreement to this rezoning

_____ Yes, but the applicant owns all parcels.

_____ No

13. Please attach a map drawn to scale and a legal description of proposed new zoning boundaries. Zoning boundaries shall follow centerlines of streets, alleys, utility rights-of-way or along subdivide lots.

14. Indicate existing zoning for property:_____

15. Indicate proposed zoning for property:_____

16. Indicate General Development Plan category:_____
(City planner can provide this information)
NOTE: In some instances, a General Development Plan Amendment might be required before the rezoning can be processed.

17. Describe all structures and uses already existing on the property: _____

_____

_____

_____

18. Describe proposed structures and uses which would be established if the zoning change is approved. Be complete. You may want to attach a site plan.: _____

_____

_____

_____

19. Are there any deed restrictions or private covenants in effect for this property? Yes No

20. If yes, is the proposed zoning district compatible with all applicable deed restrictions/private covenants? Yes No

Please provide a copy of the applicable restrictions (These can be obtained from the Recorder's Office using the recordation Docket number.)

21. Which streets or easements will be used for traffic entering and exiting the property? _____

22. What off-site improvements are proposed for streets or easements used by traffic that will be generated by this rezoning?_____

23. How many driveway cuts do you propose to the streets or easements used by traffic that will be generated by this rezoning? _____

24. This section provides an opportunity for you to explain the reasons why you consider the rezoning to be appropriate at this location. Please attach additional sheets if necessary.

I, the undersigned applicant, do hereby file with the City of Benson Planning and Zoning Department this petition for rezoning. I certify that, to the best of my knowledge, all the information submitted herein and in the attachments is correct. I hereby authorize the City of Benson Planning Department staff to enter the property herein described for the purposes of conducting a field visit and direct the City of Benson staff to work with my duly appointed and authorized agent named above for all matter related to this rezoning application.

APPLICATION FEES ARE DUE AT THE TIME OF SUBMITTAL. ADDITIONAL FEES MAY BE ASSESSED FOLLOWING FINAL APPLICATION REVIEW. ALL OUTSTANDING BALANCES MUST BE PAID PRIOR TO FINAL APPROVAL, PERMIT ISSUANCE, OR PLACEMENT ON A PUBLIC MEETING AGENDA.

ATTENTION: **SCAM ALERT** - SEVERAL CUSTOMERS HAVE RECEIVED INVOICES THAT WERE NOT FROM THE CITY OF BENSON, MANY ASKING FOR PAYMENT TO BE MADE BY A WIRE TRANSFER. THE CITY OF BENSON WILL **NOT** ASK FOR A WIRE TRANSFER FOR ANY PAYMENT.

IF YOU RECEIVE AN INVOICE AFTER YOUR REQUEST IS COMPLETED, PLEASE CONTACT STAFF TO VERIFY THE VALIDITY OF THE INVOICE.

_____ _____

Applicant Date

If a Corporation:

By:_____

Its:_____

If a LLC:

Manager:_____