City of Safford

A great place to live, work, and visit

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: _____

Paid Date: _____

□ Approved Date: _____

□ Denied Date: _____

Comments:

_____

_____

Action Requested:

□ General Plan Amendment ($300) □ Text Amendment □ Variance

□ Conditional Use ($150) □ Exception to Subdivision Regulation □ Other: _____

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: _____