

Mohave County Planning and Zoning Commission
P.O. Box 7000
Kingman, AZ 86401

APPLICATION FOR A REZONE

Dear Sir:

I (We) _____ hereby request the rezoning of:

(legal description of property)
From: _____ Proposed to be: _____
(Current zoning) (Proposed zoning)
For the purpose of: _____
(Proposed use of Property)

and request that the Board of Supervisors set this matter for public hearing following evaluation by the Planning and Zoning Commission.

Present use of property: _____ Zoning: _____
Owner: _____
Owner Address: _____
Phone: _____

(TO BE FILLED OUT IF OWNER AND APPLICANT ARE DIFFERENT)

Property Owner concurs: _____
(Owner's Signature)

SUBMIT TEN (10) COPIES OF 8 1/2 X 11 SITE PLAN AND DRAWING WITH TEN (10) COPIES OF THIS FORM.

Applicant's interest in property: _____

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

PROOF OF OWNERSHIP: Recorded Warranty Deed or Joint Tenancy Deed; a Quit Claim Deed is not acceptable.

Date Submitted: _____ Received by: _____

Fee: _____ Receipt No: _____

Ten (10) Copies Received

Application: _____ Other: _____ Sketch: _____