CITY OF DOUGLAS
Embracing our Heritage, Advancing our Future
Abrazando nuestro patrimonio, avanzando en nuestro futuro

William D. Osborne, AICP, City Planner
Development Services
425 E. 10th Street • Douglas, AZ 85607 • **Permitting** (520) 417-7329
permits@douglasaz.gov • **www.douglasaz.gov/290/Development-Services**

Zoning Districts Map Amendment Application

Please print in black ink only.
Imprima solo en tinta negra.

Application Fee and Public Notice Fee…See Fee Schedule
Cuota de Solicitud y Cuota de Aviso Público...Ver Lista de Cuotas

Application Name/Nombre de la Aplicación [Office Use Only]: **ZMA-** **-**			
Existing Zoning/Zonificación Existente:	Proposed Zoning/Zonificación Propuesta:		
Subject Address or Area/Asunto Dirección o Área (attach map/adjuntar mapa):			
County APN(s)/Número(s) de Parcela del Tasador del Condado:			Acres:
Subdivisions, Blocks, Lots/Subdivisiones, Bloques, Lotes:			
¼ Section/Cuarto de Sección:	Section/Sección:	Township/Municipio: S	Range/Intervalo: E

Applicant/Solicitante: (required/requeridos)

Name/Nombre:	Phone/Teléfono:
Mailing Address/Dirección de Envio:	City/Ciudad, State/Estado, Zip/Código postal:
E-Mail Address:	
Signature:	Date:

Property Owner(s) (if not Applicant(s))/Dueños de la Propiedad (si no es Solicitante):

Attach petition(s), if applicable per DMC §17.12

The above signed property owner(s) certify that the above information is true and correct to the best of his/her/their knowledge and under penalty of perjury, each states that they are all of the legal owners of the property described above and designate the following party to act as their agent with respect to this application.

Agent/Agente (required if primary contact is different from Applicant)/ obligatorio si el contacto principal no es el Solicitante):

Name/Nombre:	Phone/Teléfono:
Mailing Address/Dirección de Envio:	City/Ciudad, State/Estado, Zip/Código postal:
E-Mail Address:	License #/Número de Licencia:

♦ ♦ ♦ ♦

OFFICE USE ONLY

☐ City-Initiated	☐ Privately-Initiated	
Date Application Received:	Received by:	
Date Signed Petitions Received, if Required:	Received by:	% of Total
Date Application Complete:	Completeness Review by:	

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Zoning Districts Map Amendment Application Checklist/

Lista de Verificación de Solicitud de Enmienda de Mapa de Distritos de Zonificación

All plans must be completed and clearly legible. Note on plans whether an item is existing or proposed.
Todos los planos deben estar completos y claramente legibles. Anote en los planes si un artículo existe o se propone.

Subject Address or Area/Asunto *Dirección o Área* : The affected area of the rezone proposal/ *El área afectada de la propuesta de rezonificación.*

REQUIRED FOR ALL ZONING DISTRICTS MAP AMENDMENT APPLICATIONS/ *REQUERIDO PARA TODAS LAS SOLICITUDES DE ENMIENDA DE MAPA DE DISTRITOS DE ZONIFICACIÓN* :

☐ **SITE PLAN Details/*PLAN DE SITIO Detalles***

- ☐ 1. Vicinity Map with North Arrow and Scale/Mapa de cercanías con flecha de norte y escala.
- ☐ 2. All property lines highlighted of parcels included in the proposal/*Todas las líneas de propiedad resaltadas de las parcelas incluidas en la propuesta* .
- ☐ 3. Name(s) of any street(s) adjoining the project site, and showing alleyways/*Nombre(s) de cualquier calle(s) contigua(s) al sitio del proyecto y que muestre callejones* .

☐ **PURPOSE STATMENT/*DECLARACIÓN DE PROPÓSITO***

I(We) seek to amend the Zoning Districts Map designation for the Subject Address(Area) because…/*Yo* (*Nosotros*) *buscamos enmendar la designación del Mapa de Distritos de Zonificación para la Dirección* (*Área*) *en cuestión porque* …[Please attach letter, if needed/*Adjunte una carta, si es necesari* o]

Notice required by A.R.S. § 9-495, as amended by SB 1382

Arizona Revised Statute § 9-495 requires in any written communication between a city or town and a person to provide the name, telephone number, and email address of the employee who is authorized and able to provide information about the communication if the communication does any of the following:

1. Demands payment of a tax, fee, penalty, fine or assessment;
2. Denies an application for a permit or license that is issued by the city or town; or
3. Requests corrections, revisions or additional information or materials needed for approval of any application for a permit, license or other authorization that is issued by the city or town.

An employee who is authorized and able to provide information about any communication that is described above shall reply within five (5) business days after the city or town receives that communication.