



# ZONE CHANGE WITH OVERLAY PROPERTY OWNER AUTHORIZATION APPLICATION

ALL FEES ARE DUE AT TIME OF APPLICATION AND ARE NON-REFUNDABLE.

<b>REQUEST</b>
Project Name: _____ Description of Request: _____ Existing Use of Property: _____ Existing Zoning District: _____ Requested Zone Change with Overlay: _____ Related Case Numbers: (List V# if site is subject to code violation): _____
<b>PROPERTY INFORMATION</b>
Address (if known): _____ General Location (include nearest city/town): _____ Size in Acres: _____ Square Feet: _____ Legal Description Section: _____ Township: _____ Range: _____ Assessor's Parcel Number(s): _____ Subdivision Name (if applicable): _____
<b>OWNER'S AUTHORIZED AGENT INFORMATION</b>
Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Fax #: _____ Email: _____
<b>PROPERTY OWNER INFORMATION</b>
Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone #: _____ Fax #: _____ Email: _____
<b>PROPERTY OWNER AND OWNER'S AGENT AUTHORIZATION</b>
I (property owner) _____ authorize (owner's agent) _____ to file this application on all matters relating to this request with Maricopa County. By signing this form as the property owner I hereby agree to abide by any and all conditions that may be assigned by the Maricopa County Board of Supervisors, Maricopa County Planning and Zoning Commission, or Maricopa County Planning and Development Department staff as applicable, as part of any approval of this request, including conditions, development agreements, and/or any other requirement that may encumber or otherwise affect the use of my property.
<b>PROPOSITION 207 WAIVER – SIGNATURE REQUIRED</b>
The property owner acknowledges that the approval being sought by this application may cause a reduction in the existing rights to use, divide, sell or possess the private property that is the subject of this application. The property owner further acknowledges that it is the property owner who has requested the action sought by the filing of this application. Therefore, with full knowledge of all rights granted to the property owner pursuant to A.R.S. §12-1132 through 1138, the property owner does hereby waive any and all claims for diminution in value of the property with regard to any action taken by Maricopa County as result of the filing of this application.  Property Owner Signature: _____ Date: _____
<b>VERIFICATION OF APPLICATION INFORMATION – SIGNATURE REQUIRED</b>
I certify that the statements in this application and support material are true. Any approvals or permits granted by Maricopa County in reliance upon the truthfulness of these statements may be revoked or rescinded.  Owner or Authorized Agent Signature: _____ Date: _____
<b>CASE INACTIVITY</b>
Cases which are not active within six (6) months will be considered inactive and closed by staff. A letter addressing the inactivity will be sent to the owner's authorized agent or property owner with notification of the case to be closed within thirty (30) days. To pursue entitlement after the closing of the case, a new application and associated fees will need to be filed.

