



APPLICATION FOR VARIANCE OF REGULATIONS IN AN UNINCORPORATED AREA OF PINAL COUNTY, ARIZONA

(All Applications Must Be Typed or Written in Ink) and submitted via the online portal site at
<https://citizenaccess.pinalcountyz.gov/CitizenAccess/>

Variance Request & Property Information:

(Feel free to include answers and to these questions in a Supplementary Narrative, when doing so write see narrative on the space provided)

1. Tax Assessor Parcel No.: _____ 2. Size (to the nearest 1/10th of an acre) _____

3. The legal description of the property: _____

4. Current zoning: _____ 5. Septic or Sewer? Septic ___ Sewer ___
Sewer District _____

6. The existing use(s) of the property: _____

7. The exact variance request and/or Section(s) of Code impacted: _____

8. Is there a zoning violation on the property for which the owner has been cited? If yes, zoning violation #
(CC/BCC) _____

9. Discuss any known changes in land use, street arrangement, or other physical conditions that have altered the character of your property or adjoining properties.

10. State any special circumstances or conditions about the property that do not negatively impact other properties in that zoning district. Also state any physical characteristics of this property that are unique and unlike other properties in the area.

COMMUNITY DEVELOPMENT
Planning Division

11. State how the special circumstances or conditions referred to question #10 are not self-imposed.

12. State how the granting of this application will not materially affect the health or safety of persons residing or working in the neighborhood and how this variance will not be materially detrimental to the public welfare or injurious to property or improvements in the neighborhood.

13. State how the variance will only allow permitted uses in the zoning district in which the property is located.

14. State how the strict application of the current regulations would work an unnecessary nonfinancial hardship and how the granting of the variance is necessary for the preservation and enjoyment of substantial existing property rights. Show how all beneficial uses and/or enjoyment of the land will be lost if the variance is not granted. Evidence from an appraiser, realtor or other professionals can be useful.

(The following are additional questions for reductions in parking requests only)

15. Site Plan Review or Building Permit Number: _____

16. Required parking either in total number or ratio: _____ **17. Requested (# or ratio)** _____

18. Evidence to support a reduction, this may include codes and ordinance from other jurisdictions, structures with multiple building occupancy types and/or operational characteristics of the particular use that would warrant a reduction: _____

I certify the information included in this application is accurate, to the best of my knowledge. I have read the application and I have included the information, as requested. I understand if the information submitted is incomplete, this application cannot be processed. All notices will be sent to the applicant unless otherwise directed in writing.

Name of Applicant

Address

Signature of Applicant

E-Mail Address

Phone Number

Name of Agent/Representative

Address

Signature of Agent/Representative

E-Mail Address

Phone Number

The Agent/Representative has the authority to act on behalf of the landowner/applicant, which includes agreeing to stipulations. The agent will be the contact person for Planning staff and must be present at all hearings. Please use attached Agency Authorization form, if applicable.

Name of Landowner

Address

Signature of Landowner

E-Mail Address

Phone Number

If the landowner is not the applicant, then the applicant must submit a signed and notarized agency authorization form from the landowner with this application.

Application Checklist:

- Submit a detailed site plan, at least 8½ X 11, but not larger than 11” X 17”. The site plan must include the following:
 - Size and shape of parcel; property dimensions; north arrow
 - Adjacent streets; rights-of-way, easements and setbacks; indicate size; purpose and whether public or private
 - Location, size and use of all existing and proposed buildings; show setbacks from property boundary lines and between structures
 - Driveways and parking areas, show access, dimensions and surface material
 - Existing and proposed utilities, show location of lines, size and serving company
 - Any other information as may be applicable – landscaping, natural features i.e.: washes, excavation sites, etc., floor plan
- Submit the “This Application Checklist” for the requested action.
- Submit, or request from the case planner assigned, a list of all property owners within 600’ of the subject property boundary showing name, mailing address and tax parcel numbers. This list must be obtained within the 30 days prior to application submission.
- Submit a map of the area with the 600’ boundary shown. (A Tax Assessor Parcel Map is acceptable).
- Submit the non-refundable filing fee according to the fee schedule shown on coversheet of the application. (The application is not considered filed until the fees are paid.)
 - A) Residential with 0-499 mail-outs \$500.00
 - B) Residential with 500 or more mail-outs: \$500.00
 - C) Commercial, industrial or transition with 0-499 mail-outs: \$2,084.00
 - D) Commercial, industrial or transition with 500 or more mail-outs: \$2,399.00
- The application and narrative in PDF format.
- I understand that two newspaper publications must be advertised for this variance case per Pinal County staff instructions no later than 21 days before the hearing date as assigned. The applicant is responsible for all publication fees.
- Submitted application via online portal (<https://citizenaccess.pinalcountyz.gov/CitizenAccess/>)

Important:

If the application is incomplete or is not detailed enough, the case will not be presented to the Board of Adjustments.

PROPERTY OWNERSHIP LIST

(Required for filing all applications)

Instructions: Print Name, Address, City, State, Zip Code and Tax Parcel Number for each property owner within 600 feet of the subject parcel boundary. Feel free to attach a separate list if generated digitally. Please see "How to use the Buffer Tool" on our FAQ's page if you are generating the list.

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

Parcel No.: _____
Name: _____
Address: _____
City/ST/Zip: _____

I hereby verify that the name list above was obtained on the _____ day of _____, 20____, at the office of _____ and is accurate and complete to the best of my knowledge.
(Source of Information)

On this _____ day of _____, 20____, before me personally appeared _____
(Name of signor)

Signature _____ Date _____

State of _____)ss.

(SEAL)

County of _____

My Commission Expires _____

Signature of Notary Public _____