



## Rezoning Requirements Check List

In order for the Planning Division to begin processing a rezoning submittal, ALL of the following items must be submitted.

The Planning Division will not accept partial submittals.

- \_\_\_\_\_ 1. A preliminary title report or a policy of title insurance, current within 60 days, with copies of all referenced documents.
- \_\_\_\_\_ 2. Proof of Ownership.
- \_\_\_\_\_ 3. Proof of Agency (if applicable).
- \_\_\_\_\_ 4. Accurate and descriptive map.
- \_\_\_\_\_ 5. A site plan or preliminary development plan (refer to Sec. 403E)
- \_\_\_\_\_ 6. Legal description by metes and bounds stamped by a licensed land surveyor.
- \_\_\_\_\_ 7. Required fees (contact the Planning Division to determine amount).
- \_\_\_\_\_ 8. Copy of this completed checklist.
- \_\_\_\_\_ 9. Completed application form.
- \_\_\_\_\_ 10. Proof that property taxes are current.



SANTA CRUZ COUNTY

APPLICATION FOR REZONING

COMMUNITY DEVELOPMENT  
PLANNING DIVISION

NOTE: Complete all of the following items. If necessary, attach additional sheets.

1. Applicants Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Assessor's Tax Parcel Number(s) of property/properties to be rezoned: \_\_\_\_\_  
\_\_\_\_\_
5. Applicant is \_\_\_\_\_ **sole owner**, \_\_\_\_\_ **part or join owner**, or \_\_\_\_\_ **designated agent** for the owner(s) of the property to be rezoned. If not one of the above, explain interest in the rezoning.  
\_\_\_\_\_  
\_\_\_\_\_
6. If the applicant is not the sole owner, list all owners of property proposed for rezoning. Include all parties in interest, such as beneficiaries of trusts, and specify whether owner is an individual, a partnership or a corporation.

Parcel ID Number	Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. For all property proposed for rezoning; indicate which proof of ownership is attached to this application:  
 Copy of deed ownership       Copy of Title Report       Copy of tax notice  
 Other, list: \_\_\_\_\_
8. If applicant is **not** sole owner, indicate which notarized proof of agency is attached:  
 Corporate resolution designating applicant to act as agent (if land is owned by a corporation).  
 Written authorization from partner(s) (if property is owned by a partnership).  
 Letter of Agency from real property owner (if land is owned by an individual).  
 Not applicable.
9. Accurate legal description of property/properties proposed for rezoning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is a map to scale showing existing and proposed zoning district boundaries attached?  
\_\_\_\_ Yes  
\_\_\_\_ No, explain: \_\_\_\_\_

11. Would approval of the proposed rezoning establish more than one zoning district on any lot of record:  
\_\_\_\_ No, (if no, proceed to Item 12)  
\_\_\_\_ Yes, (If yes, the following certification must be completed by a registered surveyor or engineer licensed by the State of Arizona.)

CERTIFICATION OF LEGAL DESCRIPTION AND MAP	
I, have affixed my seal and signature hereto, do hereby certify and declare that the attached legal description and attached map each fully and correctly describes the property/properties for which the proposed rezoning is sought and do hereby certify and declare said legal description and map were prepared by me.	Seal, Registration Number Signature and Date

12. General location of the property: \_\_\_\_\_

13. Existing zoning classification(s): \_\_\_\_\_

14. Proposed zoning classification(s): \_\_\_\_\_

15. Santa Cruz County Comprehensive Plan Designation of property to be rezoned.  
Category: \_\_\_\_\_ Plan Designation: \_\_\_\_\_

16. List all the proposed uses and structures which would be established if the zoning change is approved: \_\_\_\_\_

17. A. Are any deed restrictions/private covenants in effect for this property?  
\_\_\_\_ No, (if no, proceed to Item 18)  
\_\_\_\_ Yes, These are recorded at Docket \_\_\_\_ and Page \_\_\_\_.

B. Is the proposed use compatible with all applicable deed restrictions/private covenants?  
\_\_\_\_ Yes.  
\_\_\_\_ No, explain: \_\_\_\_\_

18. How will access to the site be provided? Identify all existing streets and easements, and explain any proposed improvements. \_\_\_\_\_

19. Identify how the following services will be made available to the proposed district.

Service	Utility Company/Service Provider	Proposed Improvement/Arrangements
Water		
Septic/Sewer		
Electric		
Gas		
Phone		
Fire Protection		
Elementary School		
Middle School		
High School		

20. The reasons for granting this rezoning are as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. **AFFIDAVIT**

I, the undersigned, do hereby file with the Santa Cruz County Planning and Zoning Commission this application for rezoning. I certify that, to the best of my knowledge, all the information submitted herein and in the attachments is correct. I hereby authorize the Santa Cruz County Department of Community Development, Planning Division staff to enter the property herein described for the purpose of conducting a field inspection.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

22. The Property Owner acknowledges that neither the rezoning of the Property nor the conditions of rezoning give Property Owner any rights, claims or causes of action under the Private Property Rights Protection Act (Arizona Revised Statutes Title 12, chapter 8, article 2.1). To the extent that the rezoning or conditions of rezoning may be construed to give Property Owner any rights or claims under the Private Property Rights Protection Act, Property Owner hereby waives any and all such rights and/or claims pursuant to A.R.S. § 12-1134(I), -1135 and -1137.

\_\_\_\_\_  
 Name of Property Owner(s)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Property Owner

*This page may be copied for purposes of obtaining signatures for Item 22 from all owners of the subject property.*

23. ATTACHMENTS: (Check all those which are attached to this application)

\_\_\_\_ Proof of Ownership'

\_\_\_\_ Proof of Agency

\_\_\_\_ Accurate and descriptive map

\_\_\_\_ Other, explain: \_\_\_\_\_

\_\_\_\_\_

**NOTE:** Return this form to the **Santa Cruz County Department of Community Development, Planning Division, 2150 N. Congress Drive, Nogales, Arizona 85621** with ALL required submittals.

**Fees shall be paid in full upon submittal of an application.**