



City of Tombstone

P.O. Box 339, Tombstone, AZ. 85638

Phone (520) 457-2202 - Fax (520) 457-3516

APPLICATION FOR CONDITIONAL USE PERMIT

OWNER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

APPLICANT (if not owner) _____ PHONE: _____

APPLICANT EMAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PROPERTY ADDRESS: _____ ZONE: _____

TAX CODE(S): _____

_____ TOWNSHIP, RANGE SEC.: _____

LOT DIMENSIONS: _____ LOT AREA: _____

TYPE OF USE PROPOSED FOR PROPERTY (BE SPECIFIC): _____

STATE THE REASONS WHY THE USE IS PROPOSED AND WHY YOU THINK IT WOULD BE COMPATIBLE WITH THE SURROUNDING AREA:

ESTIMATED STARTING DATE: _____ ESTIMATED COMPLETION DATE: _____

THE FOLLOWING DOCUMENTS ARE REQUIRED:

1. Preliminary Development Plan (5 copies are needed)
2. Assessor's Map showing location and boundaries of the property
3. Assessor's Property Information showing ownership of the property
4. Letter of Authorization if applicant is not the owner
5. Floor Plan that pertains to interior access or use if required
6. Fees – Paid to the City of Tombstone (Based on adopted fee schedule)

I, the undersigned, represent that all the facts in this application are true to the best of my knowledge.

Signature of Applicant

Date

Print Name

Applicant's Phone Number

OFFICE USE ONLY

Case #: _____ Case Title: _____

Type: _____ Fee: _____ Receipt Number: _____ Hearing Date: _____

Notification Area: _____ Sections: _____

Zoning Approval: _____

Special Conditions: _____

A request for continuance of an advertised application or a change in original request by applicant, must be accompanied by an additional fee.

