

Town of Tusayan

Rezoning Application

PO Box 709 845 Mustang Drive
Tusayan, Arizona 86023

Pursuant to ARS 9-495 for inquires, please
contact the Town Manager at:

Tusayantownmanager@tusayan-az.gov



Subject Information

PROJECT NAME:	ASSESOR'S PARCEL NO:		
PROPERTY ADDRESS:	SITE ACERAGE:		
EXISTING ZONING DISTRICT:	PROPOSED ZONING DISTRICT:		
EXISTING USE:	PROPOSED USE:		
PROPERTY OWNER:			PHONE
MAILING ADDRESS:			E-MAIL
APPLICANT(S):			PHONE
MAILING ADDRESS:			E-MAIL
PROPERTY OWNER SIGNATURE	DATE	APPLICANT SIGNATURE	DATE

I hereby certify that all the above information is correct, and that I am authorized to file an application on said property, being either the owner of authorized again to file on behalf of the owner. Anyone applying without authorization from the property owner(s) shall be subject to penalty under all applicable laws.

For Town Use

DATE FILED:	FILE NUMBER:
PLANNING & ZONING HEARING DATE:	PUBLICATION & POSTING DATE:
COUNCIL HEARING DATE:	PUBLICATION & POSTING DATE:
ACTION BY PLANNING & ZONING COMMISSION:	ACTION BY CITY CONCL:
<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED
<input type="checkbox"/> DENIED	<input type="checkbox"/> DENIED
<input type="checkbox"/> CONTINUED	<input type="checkbox"/> CONTINUED