

Land Use **Application Form**

1. Application is made for:

Zoning Map Change Conceptual Plan Review PAD Zoning

Temporary Use Permit
Final Plat
General Plan Amendment
Wireless Tower

PAD Zoning	-		vision	General Plan Amendment Wireless Tower		
Appeal	ICIII	Minor Land Division Verif. of Non-Conforming Use		Zoning Verif. / Admin. Review		
Development Sta	ındards Revie		3	<u> </u>		
Other:			Fees:			
2. Project Name:						
3. Contact information: (a list	st of additional	contacts may be attach	ned)			
Owner Name:			Applicant Name:			
Address:			Address:			
City:	State:	_ Zip	City:	State:	Zip:	
Phone:			Phone:			
E-mail:			E-Mail:			
4. Property Description:	Parcel Numbe	r		Acres:		
Address or Location:						
Existing Zoning:		Existing Use:				
Proposed Zoning:		Proposed Use:_				
5. Purpose: (describe intent	of this applica	tion in 1-2 sentences)				
6. Certification:						
I certify that I am the lawful or	wner of the par	rcel(s) of land affected b	y this application and	d hereby consent to this	s action.	
Owner:			Date:_		AND	
I certify that the information an				, ,	. , ,	
I am acting with the knowledg Camp Verde must be submitt				all materials and fees re	quired by the Town	
Applicant:			Date:_			

Use Permit

Preliminary Plat