

Town of Sahuarita
Planning & Building Department
 375 W. Sahuarita Center Way
 Sahuarita, Arizona 85629
 Phone: 520 822-8855 Fax: 520 822-8876



ZONING CLEARANCE APPLICATION

Job Address:		<p align="center">Check Application Type:</p> <p><input type="checkbox"/> Wall/Fence Clearance</p> <p><input type="checkbox"/> Sign Clearance (Use for permanent sign not requiring building permit)</p> <p><input type="checkbox"/> Zoning Clearance Residential</p> <p><input type="checkbox"/> Zoning Clearance Commercial</p> <p><input type="checkbox"/> Other:</p>
Project Description (<i>shed, ramada, etc.</i>):		
Zoning:	Assessor's Parcel No.:	
Subdivision/ Lot No.		
Property Owner Name:		
Owner's Address:		
City/Zip Code:		
Phone #:		
Email Address:		
Applicant Name: (if not property owner)		
Address:		
City/Zip Code:		
Phone #:		
Email address:		
<p>Application is hereby made to the Planning and Building Department for zoning clearance with the conditions and restrictions set forth on this application. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a zoning clearance does not presume to give authority to violate or cancel the provisions of any other Federal, State, County, or Town laws.</p>		
Signature of Applicant		Zoning Fee:
Date:		