

**Town of Sahuarita**  
**Planning & Building Department**  
 375 W. Sahuarita Center Way  
 Sahuarita, Arizona 85629  
 Phone: 520-822-8855  
[www.sahuaritaaz.gov](http://www.sahuaritaaz.gov)



## ZONING CLEARANCE APPLICATION

**Job Address:**

**Project Description** (*shed, ramada, etc.*) Please attach a site plan with dimensions.

**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:

**Select Application Type:**

Wall/Fence Clearance

Sign Clearance  
 (Use for permanent sign not requiring building permit. Attach sketch w/dimensions.)

Zoning Clearance Residential

Zoning Clearance Commercial

Other:

**Zoning Fee:**

*(For staff use only)*

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.

**Signature of Applicant**  
 Please type your first and last name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above terms of acceptance.

**Date:**

mm/dd/yyyy