



**Santa Cruz County  
Community Development Department**

**REZONING**  
Submittal Requirements Check List

2150 N Congress Drive, Suite 215 ■ Nogales AZ 85621 ■ 520-375-7930

**In order for the Planning Division to begin processing a rezoning submittal, ALL of the following items must be submitted.**

**The Planning Division will not accept partial submittals.**

1. A preliminary title report or a policy of title insurance, current within 60 days, with copies of all referenced documents.
2. Proof of Ownership.
3. Proof of Agency (if applicable).
4. Accurate and descriptive map.
5. A site plan or preliminary development plan (refer to Sec. 403E)
6. Legal description by metes and bounds stamped by a licensed land surveyor.
7. Required fees (contact the Planning Division to determine amount).
8. Copy of this completed checklist.
9. Completed application form.
10. Proof that property taxes are current.



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REZONING APPLICATION

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NOTE: Complete all of the following items. If necessary, attach additional sheets.

1. Applicants Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Assessor's Tax Parcel Number(s) of property/properties to be rezoned: \_\_\_\_\_  
\_\_\_\_\_
5. Applicant is \_\_\_\_\_ **sole owner**, \_\_\_\_\_ **part or join owner**, or \_\_\_\_\_ **designated agent** for the owner(s) of the property to be rezoned. If not one of the above, explain interest in The rezoning. \_\_\_\_\_  
\_\_\_\_\_
6. If the applicant is not the sole owner, list all owners of property proposed for rezoning. Include all parties in interest, such as beneficiaries of trusts, and specify whether owner is an individual, a partnership or a corporation.

Parcel ID Number	Name	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. For all property proposed for rezoning; indicate which proof of ownership is attached to this application:  
\_\_\_\_\_ Copy of deed ownership \_\_\_\_\_ Copy of Title Report \_\_\_\_\_ Copy of tax notice  
\_\_\_\_\_ Other, list: \_\_\_\_\_
8. If applicant is **not** sole owner, indicate which notarized proof of agency is attached:  
\_\_\_\_\_ Corporate resolution designating applicant to act as agent (if land is owned by a corporation).  
\_\_\_\_\_ Written authorization from partner(s) (if property is owned by a partnership).  
\_\_\_\_\_ Letter of Agency from real property owner (if land is owned by an individual).  
\_\_\_\_\_ Not applicable.

9. Accurate legal description of property/properties proposed for rezoning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is a map to scale showing existing and proposed zoning district boundaries attached?

\_\_\_\_\_ Yes

\_\_\_\_\_ No, explain: \_\_\_\_\_  
\_\_\_\_\_

11. Would approval of the proposed rezoning establish more than one zoning district on any lot of record:

\_\_\_\_\_ No, (if no, proceed to Item 12)

\_\_\_\_\_ Yes, (If yes, the following certification must be completed by a registered surveyor or engineer licensed by the State of Arizona.)

CERTIFICATION OF LEGAL DESCRIPTION AND MAP	
I, have affixed my seal and signature hereto, do hereby certify and declare that the attached legal description and attached map each fully and correctly describes the property/properties for which the proposed rezoning is sought and do hereby certify and declare said legal description and map were prepared by me.	Seal, Registration Number Signature and Date

12. General location of the property: \_\_\_\_\_  
\_\_\_\_\_

13. Existing zoning classification(s): \_\_\_\_\_.

14. Proposed zoning classification(s): \_\_\_\_\_.

15. Santa Cruz County Comprehensive Plan Designation of property to be rezoned.  
Category: \_\_\_\_\_ Plan Designation: \_\_\_\_\_.

16. List all the proposed uses and structures which would be established if the zoning change is approved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. A. Are any deed restrictions/private covenants in effect for this property?

\_\_\_\_\_ No, (if no, proceed to Item 18)

\_\_\_\_\_ Yes, These are recorded at Docket \_\_\_\_\_ and Page \_\_\_\_\_.

B. Is the proposed use compatible with all applicable deed restrictions/private covenants?

\_\_\_\_\_ Yes.

\_\_\_\_\_ No, explain: \_\_\_\_\_  
\_\_\_\_\_

18. How will access to the site be provided? Identify all existing streets and easements, and explain any proposed improvements. \_\_\_\_\_  
\_\_\_\_\_



***This page may be copied for purposes of obtaining signatures for Item 22 from all owners of the subject property.***

23. ATTACHMENTS: (Check all those which are attached to this application)

Proof of Ownership'

Proof of Agency

Accurate and descriptive map

Other, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Return this form to the **Santa Cruz County Complex, Planning and Zoning, 2150 N Congress Drive, Suite 215, Nogales, Arizona 85621** with ALL required submittals.

**Fees shall be paid in full upon submittal of an application.**