



City of Show Low Planning & Zoning
180 N. 9th Street, Show Low, AZ 85901
(928) 532-4040

For Office Use Only

Date received: _____

Time received: _____ AM/PM

Received by: _____

Variance Application
(Filing Fee: \$150.00)

OWNER INFORMATION

Name: _____

Address: _____
Street Address *Apartment/Unit#*

_____ *City* *State* *ZIP Code*

Phone: _____ Email: _____

APPLICANT INFORMATION (if different)

Name: _____

Address: _____
Street Address *Apartment/Unit#*

_____ *City* *State* *ZIP Code*

Phone: _____ Email: _____

PROPERTY INFORMATION

Address of Property: _____ Parcel Number: _____

Applicant's Interest in Land: _____ Zoning Classification: _____

Ordinance section from which relief is sought: _____

AUTHORIZED REPRESENTATIVES

PLEASE NOTE: In accordance with City Code, Title 19.135.020(C) and (D), you or your authorized representative must be present at all public meetings and hearings regarding this application. Below please list any person(s) authorized to represent you during this application process. Representations made during those meetings or hearings and designated in the record shall be deemed conditions of approval.

PLEASE ADDRESS ALL QUESTIONS BELOW

What is the problem? _____

What is unique about the situation? _____

What kind of relief are you seeking? _____

What steps have you taken to try to comply with the strict terms of the zoning ordinance? _____

WAIVER OF CLAIMS UNDER ARIZONA REVISED STATUTES § 12-1134

I, _____, the owner of the property described as A.P.N. _____

Show Low, Arizona, hereby waive any and all claims for diminution in value to my property which may arise under A.R.S. § 12-1134 as a result of my request and application for a VARIANCE. Further, I agree to defend, indemnify and hold harmless the City of Show Low, its officers, employees, and agents from and against any and all such claims for diminution in value to my property as defined in A.R.S. § 12-1134 arising out of my application or request for the applicable land use action as described above.

DATED this _____ day of _____, 20__.

Signature of Property Owner

STATE OF ARIZONA)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me this _____ day of _____, 20__,
by _____.
Name of Signer

Notary Public

[Notary Seal]