



SETTLED 1870 · INCORPORATED 1986

Case No.: NCU-
For Official Use Only

Application Fee: \$ _____
For Official Use Only

Engineering Review Fee: \$ _____
For Official Use Only

NON-CONFORMING USE MODIFICATION APPLICATION

(Rev 8/03)

Non-conforming Use Modification Application Submittal Date: _____

Project Location: _____

Assessor's Parcel No.(s) : _____ Current Zoning district (s): _____

Existing Land Use Of Subject Property: _____

Requested Modification:

Surrounding Zoning Adjacent To Subject Property:

North: _____ South: _____ East: _____ West: _____

Adjacent Land Use (please check appropriate use):

North:	<input type="checkbox"/> Vacant	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
South:	<input type="checkbox"/> Vacant	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
East:	<input type="checkbox"/> Vacant	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
West:	<input type="checkbox"/> Vacant	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial

Applicant: _____

Address: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Owner: _____

Address: _____

Phone No. : _____ Fax No.: _____ E-mail: _____

Single Point Of Contact For All Formal Communications:

Name: _____

Address: _____

Phone No.: _____ **Fax No.:** _____ **E-mail:** _____

Owners Certification:

I, (print name) _____, hereby certify that I am the owner of the property involved in this application and that I have read and examined this application and the attachments, and know the same to be true and correct.

Owner's Signature

Date

APPLICATION SUBMITTAL CHECKLIST

SECTION A. SUBMITTAL REQUIREMENTS (To Be Completed By The Applicant):

- √ **Requirement** (To be provided by the Applicant):
- A Completed Application Form
 - Application Fee
 - Proof Of Ownership (Recorded) Or Letter Of Authorization.
 - A Narrative Report Describing The Rational For The Requested Modification
 - A List Of The Maricopa County Assessor's Tax Parcel Numbers (APN's) With Mailing Labels Which Include: APN's, Names, And Mailing Addresses Of All Owners Of Properties Within Three Hundred Feet (300') Of The Subject Property. The Applicant Is Responsible For The Accuracy And Completeness Of This List.
 - An 8 ½" x 11" PMT Of The Site Plan (see the Town of Cave Creek's Zoning Ordinance for Site Plan Requirements)
 - An 8 ½" x 11" PMT Of The Vicinity Map.
 - Additional Maps, Plans Or Elevations As Necessary
 - Other
- _____
- _____
- _____
- _____
- _____
- _____
- _____

SECTION B. SUBMITTAL FINDING (To Be Completed By Town Staff):

___ **SUBMITTAL IS INCOMPLETE:** (Additional information is required; see items identified above as missing or incomplete for specific details)

Applicant Contacted By: _____ Date: _____

___ **SUBMITTAL IS COMPLETE:**

Applicant Contacted By: _____ Date: _____

Date scheduled for Public Hearing before the Planning & Zoning Commission: _____

SECTION C. REVIEW (To Be Completed By Town Staff):

Reviewed by: _____ Title: _____

Review Date: _____

NOTE:

Discussion between Town Staff and the applicant does not bind the Town. The applicant should expect that additional issues will likely be raised by the Town at later stages in the process.

**PLANNING DEPARTMENT
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