



**MARICOPA COUNTY
PLANNING & DEVELOPMENT
DEPARTMENT**

AS BUILT POD – LAND USE APPLICATION

REQUEST			
Title of Project:			
Description of Request:			
Existing Use of Property:			
Existing Zoning District:			
Related Case Number:			
PROPERTY INFORMATION			
Address (if known):			
General Location (Include nearest city/town):			
Size in Acres:		Square Feet:	
Legal Description Section:	Township:	Range:	
Assessor's Parcel Number:			
OWNER'S AUTHORIZED AGENT INFORMATION			
Name:		Contact:	
Address:			
City:	State:	Zip:	
Phone #:	Fax #:		
E-mail Address:			
PROPERTY OWNER INFORMATION			
Name:		Contact:	
Address:			
City:	State:	Zip:	
Phone #:	Fax #:		
E-mail Address:			
PROPERTY OWNER AND OWNER'S AGENT AUTHORIZATION			
I (property owner) _____ authorize (owner's agent) _____ to file this application on all matters relating to this request with Maricopa County. By signing this form as the property owner I hereby agree to abide by any and all conditions that may be assigned by the Maricopa County Board of Supervisors, Maricopa County Planning and Zoning Commission, or Maricopa County Planning and Development Department staff as applicable, as part of any approval of this request, including conditions, development agreements, and/or any other requirement that may encumber or otherwise affect the use of my property.			
INSPECTIONS			
By submitting this application, I am inviting County staff to conduct all site inspections they deem necessary.			
PROPOSITION 207 WAIVER			
The property owner acknowledges that the approval being sought by this application may cause a reduction in the existing rights to use, divide, sell or possess the private property that is the subject of this application. The property owner further acknowledges that it is the property owner who has requested the action sought by the filing of this application. Therefore, pursuant to A.R.S.§12-1132 through 1138, the property owner does hereby waive any and all claims for diminution in value of the property with regard to any action taken by Maricopa County as result of the filing of this application.			
Property Owner Signature: _____		Date: _____	
VERIFICATION OF APPLICATION INFORMATION			
I certify that the statements in this application and support material are true. Any approvals or permits granted by Maricopa County in reliance upon the truthfulness of these statements may be revoked or rescinded.			
Owner or Authorized Agent Signature: _____		Date: _____	
ARS § 1605 TIMEFRAME EXTENSION			
I authorize a 50% timeframe extension for the review of my application as adopted by the Board of Supervisors per ARS § 1605 and as amended.			
Property Owner Signature: _____		Date: _____	

ALL FEES ARE DUE AT TIME OF APPLICATION AND ARE NON-REFUNDABLE

301 W. Jefferson St., 1st Floor, Suite 170 • Phoenix, AZ 85003 •(602) 506-3301
www.maricopa.gov/planning