



APACHE COUNTY — Community Development Department

P.O. Box 238 • St. Johns, AZ 85936 • Phone: (928) 337-7526 • Fax: (928) 337-7633

CONDITIONAL USE PERMIT APPLICATION

APPLICANT

Name Karen Thompson

Mailing Address Po Box 892
ST. JOHNS, AZ 85936

Contact Person Conscience Thompson

Phone 928245406 Fax _____

Email _____

PROPERTY INFORMATION

Assessor's Parcel # 204-49-006

Township 14N Range 25E Section 22

Subdivision Woodridge ranch

Unit # _____ Lot # 6

Address/Location 146 N 9005

Existing Zoning AG

Existing Land Use _____

Lot Size 40ac

CONDITIONAL USE PERMIT REQUEST

Please provide a brief description of the request.

placing 1975 manufactured
home I need assistance
from my family
to take care of me

Temporary Use: ___ Yes ___ No

SUBMITTAL CHECKLIST

- Pre-application meeting with a staff planner in the Planning and Zoning Division.
- Proof of Ownership.
- Application, photographs, diagrams, site plans with the setbacks noted, and any other required information. Please be precise and detailed. (See the attached guidelines)
- Citizen Review Process as listed in ordinance Section 1106. And a list of names and addresses of all the property owners Within 300 feet of subject property.
- Map to property.
- A non-refundable filing fee.
- All required items need to be submitted to Planning and Zoning at least 30 days prior to the next scheduled meeting.

CERTIFICATION & SIGNATURE

Submittal of this application constitutes consent of the applicant in granting the Community Development Department access to the subject property during the course of project review. No further consent or notice shall be required.

I hereby certify that the information in this application is correct and agree to abide by the regulations of this jurisdiction.

Signature of Applicant

_____ Date _____

Signature of Property Owner (if not the applicant)

Karen Thompson Date _____

OFFICE USE ONLY

Received By M. Fish Date 1/11/2022

Receipt # 979434 Fee \$300 CASH

Permit # 2022-14

Related Cases _____

Appeal Filed By _____ Date _____

Receipt # _____ Fee _____

COMMISSION ACTION

Approved with Conditions Denied

Resolution # _____ Date _____

Chairman _____ Date _____

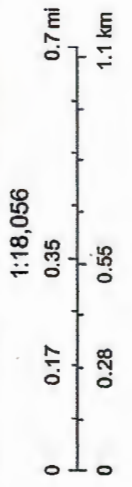
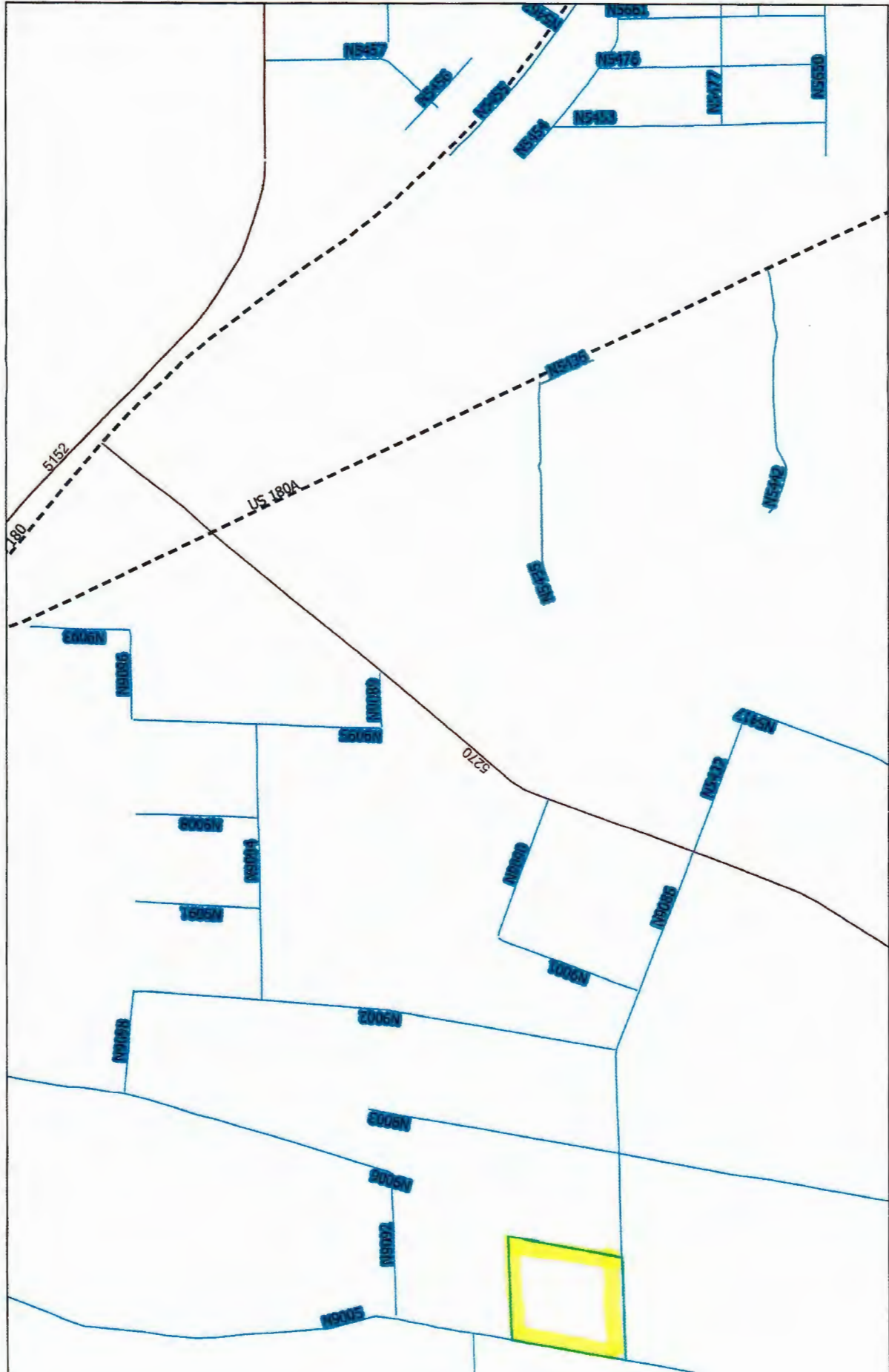
BOARD ACTION

Approved with Conditions Denied

Ordinance # _____ Date _____

Supervisor _____ Date _____

Thompson, Karen 204-49-006



Property map

