TOWN OF FLORENCE

HISTORIC DISTRICT ADVISORY COMMISSION

REQUEST FOR PUBLIC HEARING
Application & Checklist

Planning & Zoning Department
P.O. Box 2670
775 North Main Street
Florence, Arizona 85232
(520) 868-7500
www.town.florence.az.us

APPLICATION PROCESS

The Historic District Advisory Commission holds public meetings on the 4th Wednesday of each month at 6:00 pm at the Florence Town Hall (775 North Main Street). This Commission consists of seven (7) members appointed by the Mayor and approved by the Town Council who will determine whether to approve or deny the request. If no business comes before the Commission, meetings may be postponed or rescheduled. Special meetings can be held by request or because of volume of requests. In order to schedule a project for review at a public meeting, an application must be submitted at least one week prior to a regular or special meeting date. The property owner or representatives must be present at the meeting or the review will be postponed.

FILING REQUIREMENTS

1. Fill out and complete the attached application form and justification, fully answering each question in detail. Please attach additional sheets of paper if necessary.

2. Include **ten (10) copies** of the proposed site plan detailing the following (as they apply to the specified request). The site plan should detail property boundaries, topographic characteristics, existing improvements and uses, and proposed improvements and uses. This site plan is to be drawn to scale and adequately dimensioned.

   NOTE: Application requirements, on a case-by-case basis, are at the discretion of the Planning Staff and you may be required to provide additional information.

BASIC SITE PLAN REQUIREMENTS:

- Date of Plan and Revisions
- Vicinity Map with Notation of Site
- North Arrow and Scale (Engineers Scale)
- Existing Street Names and R.O.W. Dimensions
- Access Points/Modifications to Existing Street Improvements
- Building /Uses
- Configurations/Dimensions
- Gross Building Area and F.A.R.
- Lot coverage

- Total Dwelling Units/Density (residential proposals)
- Height in Stories and Feet
- Setbacks
- Landscape Areas
- Parking Required and Provided (for other than non-single family)
- Surrounding Land Uses
- Elevation
- Additional Requirements/Items Requested By Town Staff

3. Photographs of the subject property. (If applicable)

Please contact the Planning & Zoning Department if you have any further questions regarding this application.

APPLICATION FOR PUBLIC HEARING

Please have the following information filled out before filing your application. If the property owner(s) is not filing the application, please fill out the attached letter authorizing an applicant or project representative to file and pay the fees required for this application. You may write 'See Attached' if needed.

ADDRESS OF PROPERTY: _____

LEGAL DESCRIPTION, LOT, SUBDIVISION: _____
_____

PARCEL SIZE: _____   TAX PARCEL NUMBER: _____

DESCRIPTION OF WORK: _____
_____
_____

☐ New Construction (include accessory buildings)   ☐ Demolition   ☐ Signage
☐ Remodeling (includes exterior alterations, room additions, etc)   ☐ Other _____

APPLICANT NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____   FAX: _____

EMAIL: _____

_____   _____
SIGNATURE OF PROPERTY OWNER _or_ REPRESENTATIVE   **DATE**

FOR STAFF USE ONLY:

CASE NO. _____	APPLICATION DATE AND TIME _____
PERMIT NO. _____	REVIEWED BY: _____
HDAC HEARING DATE _____	☐ APPROVED ☐ DISAPPROVED ☐ APPROVED with following conditions: _____
TC HEARING DATE _____	_____ _____ _____

LETTER OF AUTHORIZATION

Application to Historic District Advisory Commission

It is requested that an application for public hearing be accepted by the Planning & Zoning Department for property located at:

_____

_____

_____

Said property is owned by:_____
and hereby authorizes me to file this application on his/her behalf.

I hereby certify that the above information is correct, and that I am authorized to file an application on said property, being either the owner of record or authorized to file on behalf of the owner.

_____   _____
Applicant   Date