



TOWN OF QUARTZSITE

PLANNING AND ZONING DEPARTMENT

465 NORTH PLYMOUTH AVENUE • PO BOX 2812 • QUARTZSITE, AZ 85346
 PHONE: 928 927-4333 • FAX: 928 927-4400
 ARIZONA RELAY SERVICE (928) 927-3762 (TDD)
 WEB SITE: WWW.CI.QUARTZSITE.AZ.US

PERMIT QUESTIONNAIRE – SUPPLEMENT TO APPLICATION

| |
|-------------------------------|
| APN: (Assessor's Parcel #) |
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|--------------------|
| PARCEL OWNER NAME: |
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|------------------------------------|------|-----|
| Is this property in a Subdivision? | Yes: | No: |
|------------------------------------|------|-----|

| | | |
|--|------|-----|
| Is this property in a Mobile Home or RV Park?: | Yes: | No: |
|--|------|-----|

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|--|
| Name of Subdivision, Mobile Home or RV Park: |
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|--|-----|----|--------|-----|----|
| Are you currently connected to Town Sewer: | Yes | No | Water: | Yes | No |
|--|-----|----|--------|-----|----|

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|--|------|-----------|-----|
| Do you currently have a septic system permit from the Health Department? | Yes: | Permit #: | No: |
|--|------|-----------|-----|

Please note: Non-recorded septic systems must be located and verified on the property by the La Paz County Health Department prior to issuance of construction or placement permits.

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|---|-----|----|
| If No, have you applied for a septic system permit from the Health Department?: | Yes | No |
|---|-----|----|

Parcel Description

| | | |
|---------------------|----------|----------------|
| Size of Parcel/Lot: | Acre(s): | Total Sq. Ft.: |
|---------------------|----------|----------------|

Are there any other dwellings or structures (such as a house, mobile/manufactured home, trailer, recreational vehicle, 5th wheel, park model, shed, garage or other temporary or permanent structures) on this parcel/lot?

| | | |
|------|-----------------------------|-----|
| Yes: | (If Yes, please list below) | No: |
|------|-----------------------------|-----|

| | | |
|---|------|-----|
| Are there any washes on this parcel/lot? (If Yes, please show on site plan) | Yes: | No: |
|---|------|-----|

| | | |
|--|------|-----|
| Are you the only owner of this parcel/lot? (If No, please list other owner(s)) | Yes: | No: |
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The above answers are true and correct:

Signature:

Print Name:

Address:

Date:

DO NOT WRITE BELOW THIS LINE

Office Use Only

ZONING CLEARANCE

| |
|-------------------------|
| Parcel Zoning District: |
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| Parcel Use (s) Comply?: |
|-------------------------|