



City of Tombstone

P.O. Box 339, Tombstone, AZ. 85638

PHONE (520) 457-2202 - FAX (520) 457-3516

Variance Application

(Please print or type) NO PENCIL

See Attached Requirements (COT Code Title 10, Chapter 16)

Property Owner: _____

Phone: _____ Email: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____

Authorized Representative: _____

Phone: _____ Email: _____

Rep's Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Parcel Number(s): _____

Zoning: _____ Required Setbacks: Front _____ Sides: _____ Rear: _____

Does subject parcel have an active building/zoning code violation? _____

Provide and attach a request letter which includes a detailed explanation and a justification for all of the variance(s) that you are requesting including information explaining why the variance is necessary. Within your letter, please address the following:

- State the specific variance you are requesting. (e.g. To reduce the front yard setback to 15 feet for a proposed room addition.)
- Is the variance being requested for an existing structure, or a proposed structure?
- Is this variance being requested because of a building or zoning code violation?

