



**Cochise County
Community Development**
Planning, Zoning and Building Safety Division
Public Programs...Personal Service
www.cochise.az.gov

COCHISE COUNTY REZONING APPLICATION

Submit to: Cochise County Community Development Department
1415 Melody Lane, Building E, Bisbee, Arizona 85603

1. Applicant's Name: Karla L. Young

2. Mailing Address: 5038 Toe Bars Trail

Milton, FL 32583

City State Zip Code

3. Telephone Number of Applicant: 336 926 6549

4. Telephone Number of Contact Person if Different: Charles Young (336) 242-3993

5. Email Address: kyoungfra@yahoo.com

6. Assessor's Tax Parcel Number: 117-04-221,214,220,215 Merge (Can be obtained from your County property tax statement)
See Attached request to Merge (i)

7. Applicant is (check one):

- Sole owner: _____
- Joint Owner: Yes (See number 8)
- Designated Agent of Owner: _____
- If not one of the above, explain interest in rezoning: _____

7. If applicant is **not** sole owner, attach a list of all owners of property proposed for rezoning by parcel number. Include all real parties in interest, such as beneficiaries of trusts, and specify if owner is an individual, a partnership, or a corporation:

- List attached (if applicable): Charles S Young

8. If applicant is **not** sole owner, indicate which **notarized** proof of agency is attached:

Planning, Zoning and Building Safety
1415 Melody Lane, Building E
Bisbee, Arizona 85603
520-432-9300
520-432-9278 fax
1-877-777-7958
planningandzoning@cochise.az.gov

Highway and Floodplain
1415 Melody Lane, Building F
Bisbee, Arizona 85603
520-432-9300
520-432-9337 fax
1-800-752-3745
highway@cochise.az.gov
floodplain@cochise.az.gov

Cochise
County

JAN 28 2020

Development
Services

- If corporation, corporate resolution designating applicant to act as agent: _____
- If partnership, written authorization from partner: _____
- If designated agent, attach a **notarized** letter from the property owner(s) authorizing representation as agent for this application.

9. Attach a proof of ownership for all property proposed for rezoning. Check which proof of ownership is attached:

- Copy of deed of ownership: Attached (2)
- Copy of title report: _____
- Copy of tax notice: _____
- Other, list: _____

10. Will approval of the rezoning result in more than one zoning district on any tax parcel?

- Yes _____ No No

11. If property is a new split, or the rezoning request results in more than one zoning district on any tax parcel then a copy of a survey and associated legal description stamped by a surveyor or engineer licensed by the State of Arizona must be attached.

12. Is more than one parcel contained within the area to be rezoned? Yes _____ No No

- If yes and more than one property owner is involved, have all property owners sign the attached consent signature form.

13. Indicate existing Zoning District for Property: SR-43

14. Indicate proposed Zoning District for Property: R-U4

Note: A copy of the criteria used to determine if there is a presumption in favor of or against this rezoning is attached. Review this criteria and supply all information that applies to your rezoning. Feel free to call the Planning Department with questions regarding what information is applicable.

15. Comprehensive Plan Category: D-Medium Density (A County planner can provide this information.)

16. Comprehensive Plan Designation or Community Plan: Mid-Sulphur Springs Valley Area (A County planner can provide this information.)

Note: in some instances a Plan Amendment might be required before the rezoning can be processed. Reference the attached rezoning criteria, Section A.

17. Describe all structures already existing on the property: vacant land with perimeter fence

18. List all proposed uses and structures which would be established if the zoning change is approved. Be complete. Please attach a site plan: Horse pasture 50%, Storage Bldg

Attached (3)
for Horse Hay and Feed and tack. Septic connected to wash sink. Electricity to Storage. ~~_____~~

19. Are there any deed restrictions or private covenants in effect for this property?

- No No Yes _____
- If yes, is the proposed zoning district compatible with all applicable deed restrictions/private covenants? Yes _____ No _____

- Provide a copy of the applicable restrictions (these can be obtained from the Recorder's office using the recordation Docket number)

20. Which streets or easements will be used for traffic entering and exiting the property?

West Orange Street

21. What off-site improvements are proposed for streets or easements used by traffic that will be generated by this rezoning? None

22. How many driveway cuts do you propose to the streets or easements used by traffic that will be generated by this rezoning? None

23. Identify how the following services will be provided:

Service	Utility Company/Service Provider	Provisions to be made
Water	Klump Materials	Bulk Water Delivery
Sewer/Septic	Stamback Septic	New Septic
Electricity	Sulphur Springs Valley Elec Coop	New Service
Natural Gas		
Telephone		
Fire Protection		

24. This section provides an opportunity for you to explain the reasons why you consider the rezoning to be appropriate at this location. The attached copy of the criteria used to determine if there is a presumption in favor of or against this rezoning is attached for your reference (attach additional pages as needed).

This area has not developed. It remains extremely rural. Several owners have been approved to change to R-U4. This makes our request compatible. Most states in the US have rural zoning where horses are allowed. Our concern is SR-43 may change prohibiting their presence. R-U4 ensures our horses can remain. We plan to pass this property onto our children and want it to allow horses.

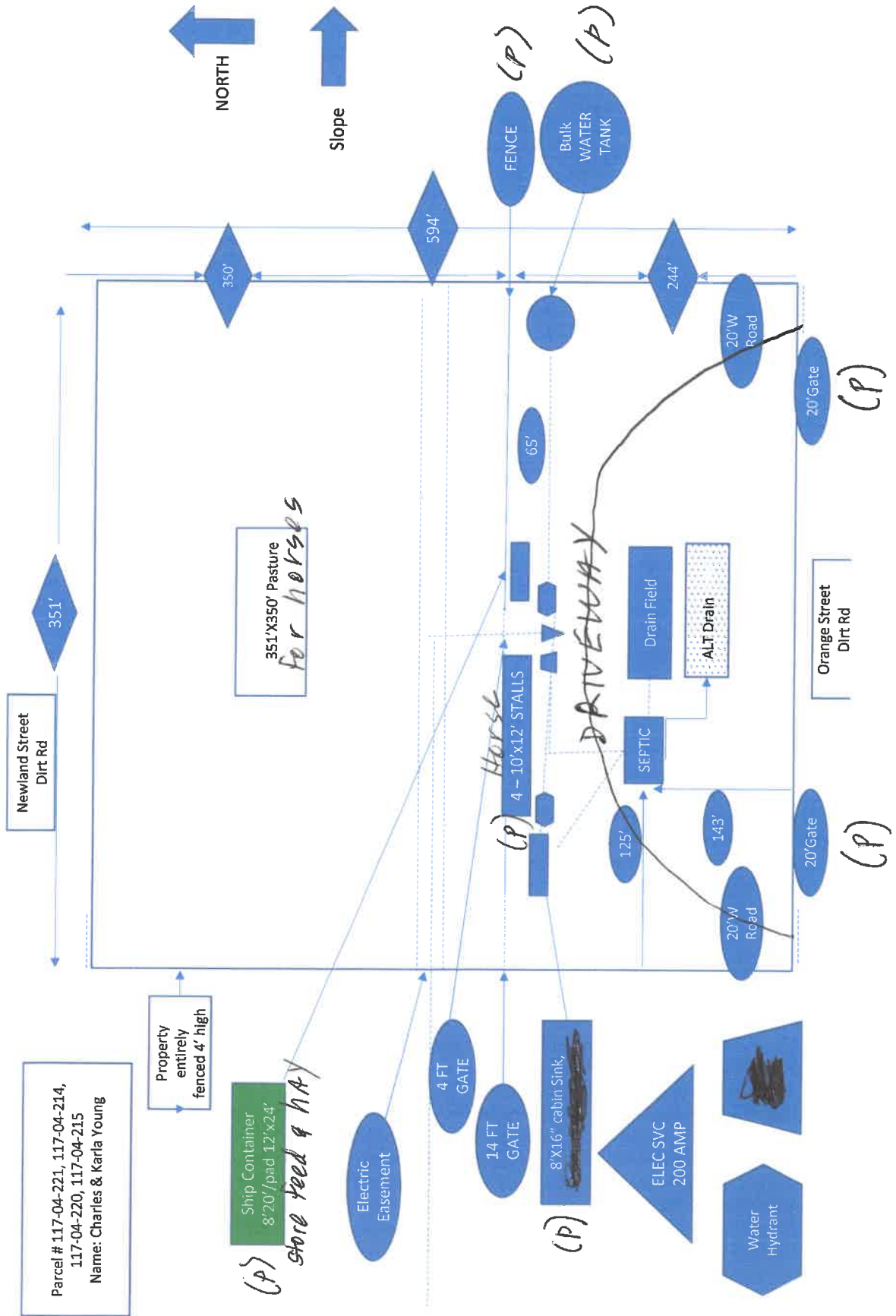
25. AFFIDAVIT

I, the undersigned, do hereby file with the Cochise County Planning Commission this petition for rezoning. I certify that, to the best of my knowledge, all the information submitted herein and in the attachments is correct. I hereby authorize the Cochise County Planning Department staff to enter the property herein described for the purpose of conducting a field visit.

Applicant's Signature: *Karla Young*
 Date: 11/22/2020

CONSENT SIGNATURE FORM

Attachment (3)



To: Cochise County Land Development

From: Charles and Karla Young

Re: Our 4 acres on West Orange Street, Sunsites, Pearce AZ

My husband and I are retiring from the work force in less in less than six months. We have purchased land in two states: Arizona and Florida. We are currently attempting to develop the land in both states. This is taking time since we are both working demanding jobs. Our current jobs are not in AZ or FL.

We plan to own two homes and travel between the two. The Florida home is being built first and we expect that it will be done in about one year. The property is already set up for horses there with fencing, barn w/stalls and storage for feed and hay. The Arizona property will also have a home but it will be built at a later time. We are hoping to OPT OUT, self- build, and take our time to build. During the building process in Arizona, we will bring our horses so we can enjoy the scenic trail riding during downtimes. The end goal is to make Arizona the primary residence and visit family in Florida occasionally.

Thank you,

Karla Young

Young, Karla L

From: Young, Karla L
Sent: Tuesday, January 14, 2020 12:42 PM
To: Karla Young
Cc: Charles Young (y_charles52@yahoo.com)
Subject: FW: Combine Request Form Attached
Attachments: CochiseAssessorMergePlots.pdf

From: Bandosz, Maureen <MBandosz@cochise.az.gov>
Sent: Tuesday, January 14, 2020 12:41 PM
To: Young, Karla L <kalyoung@novanthealth.org>
Cc: Karla Young <kyoungfra@yahoo.com>
Subject: RE: Combine Request Form Attached

WARNING: This email originated from outside of Novant Health.
Do not click links or open attachments unless you recognize the sender & are expecting the message.

Attachment (1)
Karla,
This is to confirm receipt of your email with the attachment. It has been forwarded to our transfer department to process for tax year 2021 accordingly.
Per our phone conversation, I requested that Susanna call you on your cell phone at her first opportunity. The new parcel number will be assigned once the parcel combine request is processed.

Regards,

Maureen G. Bandosz
Administrative Assistant
Cochise County Assessor's Office
1415 Melody Lane, Building B
PO Box 168
Bisbee, AZ 85603-0168



**County of Cochise
OFFICE OF THE COUNTY ASSESSOR**

PO Drawer 168, Bisbee AZ 85603
(520) 432-8650 FAX (520) 432-8698
E-Mail: assessor@cochise.gov

Philip S. Leindecker
Assessor

Felix Dagnino
Chief Deputy Assessor

REQUEST TO COMBINE (ARS 42.15058)

1. All parcels to be combined must be **contiguous** (touching).
2. Property must be **Titled in the same name** (ownership) and deed type.
If one parcel is held in Joint Tenancy, all parcels must be held in Joint Tenancy.
3. Property must be located within the **same Tax Area Code**.
4. Property **Taxes must be paid** to date. Parcels cannot be combined that have back taxes due.
5. **Request To Combine form must be completely filled out.**
 - A. Owner is required to **sign the combine** form.
 - B. A **telephone number** or a contact number is requested.
6. Return form to the Cochise County Assessor.
7. Request **will not** be approved/processed if a **Senior Property Freeze is in place**.
8. Request **will not** be approved /processed if property is **qualified under the State Historic Property Tax Program (SHPO)**.

Please Combine The Following Parcels Into One Parcel: (list parcel #'s)

117-04-221, 117-04-214, 117-04-220, 117-04-215

Karla Young
Please Print Name (owner)

Karla Young
Signature (owner)

1/14/2020
Date

(336) 926 6549
Telephone/ Contact Number

Mailing Address for Tax Bill:

5038 Toe Bars Trail
Milton, FL 32583

Are Structures/Buildings Located on These Parcels: YES NO

If Yes, Please Specify: _____

INCOMPLETE INFORMATION WILL VOID YOUR COMBINE REQUEST

OFFICE USE ONLY

Deeds: Taxes: Contiguous:

Imp: AG: Area Code:

PP Sr. Freeze: SHPO:

TAX YEAR: _____

Cancel: _____

Cancel: _____

Cancel: _____

Add: _____