



City of Flagstaff

Community Development Division

211 W. Aspen Ave
 Flagstaff, AZ 86001
 www.flagstaff.az.gov

P: (928) 213-2618

Date Received		Application for Conditional Use		File Number
Property Owner(s) Flagland LLC			Phone (602) 882-7451 / (520) 400-4111	
Mailing Address 7114 E. Stetson # 350		City, State, Zip Scottsdale, AZ 85251	Email mzipprich@enrpi.com	
Applicant(s) same as above			Phone	
Mailing Address		City, State, Zip	Email	
Project Representative Shephard-Wesnitzer, Inc. ATTN: Stephen Irwin, PE			Phone (928) 773-0354	
Mailing Address 110 W. Dale Ave.		City, State, Zip Flagstaff, AZ 86001	Email sirwin@swiaz.com	

Project Name Flagstaff Rehab Campus				
Site Address 7000 N. Hwy 89		Parcel Number(s) 30150005G	Subdivision, Tract & Lot Number N/A	
Zoning District RR		Regional Plan Land Use Category Rural	Flood Zone X	
Property Information: <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Located in an existing City of Flagstaff Historic District? (Name: _____) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Existing structures are over 50 years old at the time of application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Existing structures are pre-World War II housing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject property is undeveloped land? 				
Surrounding Uses (Res, Com, Ind)	North CH-10,000	South HC	East AR-2 1/2	West CH-10,000

Note:
 Conditional Use Permits are reviewed by City's Planning and Zoning Commission (P&Z), which meets **the second and fourth Wednesday of every month**. Applications are due by the close of business no fewer than 30 days prior to the meeting. You must provide a complete application form, along with the required number of plans and information as indicated in the attached checklist. **Incomplete submittals will not be scheduled.**

Property Owner Signature	Date	Applicant Signature	Date
		<i>[Signature]</i>	9/28/22

For City Use					
Date Filed		File Number:			
Hearing Date		Pub. / Posting Date(s):		Prop. Owner Notif. Date:	
Fee Receipt Number		Amount		Date	
Action by Planning and Zoning Commission:					
Hearing Date:			Type of Request:		
<input type="checkbox"/> Approved			<input type="checkbox"/> CUP		
<input type="checkbox"/> Denied			<input type="checkbox"/> Extension		
<input type="checkbox"/> Continued					
Staff Assignments	Planning	Engineering	Fire	Public Works/Water	Stormwater