



**PIMA COUNTY**  
**DEVELOPMENT SERVICES DEPARTMENT**  
**ZONING ENFORCEMENT DIVISION**  
201 N. Stone Avenue, 1<sup>st</sup> Floor  
Tucson, Arizona 85701-1207  
(520) 740-6740

**APPLICATION FOR BED & BREAKFAST CONDITIONAL USE PERMIT**

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT (if not owner): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ ZONE: \_\_\_\_\_

TAX CODE(S): \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_ TOWNSHIP, RANGE SEC.: \_\_\_\_\_

BASE MAP: \_\_\_\_\_ LOT DIMINSIONS: \_\_\_\_\_ LOT AREA: \_\_\_\_\_

**DESCRIPTION OF BED & BREAKFAST (INCLUDE SIZE OF ESTABLISHMENT AND NUMBER OF GUEST BEDROOMS:**

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**STATE THE REASONS WHY THE USE IS PROPOSED AND WHY YOU THINK IT WOULD BE COMPATIBLE WITH THE SURROUNDING AREA:**

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ESTIMATED STARTING DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

**THE FOLLOWING DOCUMENTS ARE REQUIRED:**

1. Site Plan and Floor Plan
  - a. 5 copies are needed for Type 1 (\$188.00 zoning fee\*)
  - b. 25 copies are needed for Type 2 (\$361.00 zoning fee\*)

(\*Make check payable to Pima County Treasurer – includes a \$2.00 records maintenance fee)
2. Assessor’s Map showing location and boundaries of the property.
3. Assessor’s Property Information showing ownership of the property.
4. Letter of Authorization if applicant is not the owner
5. Biological Impact Report - For Type 2 permit requests (See Biological Impact Report Guidelines)

**I, the undersigned, represent that all the facts in this application are true to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant Phone Number

*Applicant agrees to provide staff with written proof of notice to the United States Fish and Wildlife Service of this conditional use request at least 15 days prior to the date of the public hearing. Failure to do so may result in cancellation of the public hearing. In addition, the applicant or authorized representative must appear in person at the public hearing to present the request, otherwise the case may be dismissed.*

Please initial here: \_\_\_\_\_

**A request for continuance of an advertised application or a change in original request by the applicant must be accompanied by an additional \$86.00 fee.**

**OFFICE USE ONLY**

Case #: \_\_\_\_\_ Case Title: \_\_\_\_\_

Type: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Notification Area: \_\_\_\_\_ Sections: \_\_\_\_\_

Zoning Approval: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

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