

SECONDARY MEDICAL DWELLING VARIANCE REQUIREMENTS

Please provide the following:

Clear and readable PDF versions of all submittal materials must be uploaded to the portal.

- ___ 1) A mandatory Preliminary Planning Meeting (PPM) with the Development Services Representatives was held on (DATE) _____.
- ___ 2) PROPOSITION 207 WAIVER – Pursuant to A.R.S. §12-1132 through 1138, **Notarized Owner Signature Required.** *
- ___ 3) A Physician’s letter, on letterhead and signed, stating that special care is needed including the name(s) of the person(s) to occupy secondary dwelling.
- ___ 4) Site Plan; drawn to scale using accurate dimensions and illustrating exact details of existing and proposed structures. (See Secondary Medical Dwelling Site Plan Requirements)
- ___ 5) A recorded legal description. A recorded property survey conducted by a Registered Arizona Land Surveyor may also be required.
- ___ 6) Directions to Site. *
- ___ 7) Notarized permission to enter property form. *
- ___ 8) Notarized Agent Authorization if applicable. *
- ___ 9) Any other information necessary to evaluation the Application, which is required by Development Services Staff.

*See Sample Documents Located on the [Planning Application](#) webpage.

ADDITIONAL REQUIREMENTS

As indicated on the *Secondary Medical Dwelling Variance - What to Expect* document, you may be required to submit additional documents requested by Development Services and it may/may not be noted within the Preliminary Planning Meeting (PPM) notes. Otherwise, you will be required to upload all necessary documents that are required and requested by Development Services in order to deem the application administratively complete.

Requirements based upon the standards outlined in Section 525 of the Yavapai County Planning & Zoning Ordinance.