City Clerk Department

200 West Washington Street 15th Fl.
Phoenix, AZ 85003-1611
602-256-3245
Fax 602-495-5080
http://phoenix.gov/cityclerk/services/annexations/index.html

City of Phoenix

REQUEST FOR ANNEXATION

(Please Print)

1.

Applicant Name: _____

Applicant's Place of Business: _____

Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____ E-Mail Address: _____

2.

Property Owner(s) Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____ E-Mail Address: _____

3.

Parcel # and Address of Property requesting to be annexed:

4.

Reason for requesting annexation:

5.

Current zoning: _____

Current property use: (Please describe in detail)

6. Proposed zoning: _____

Proposed property use: (Please describe in detail)

Residential: Apartments _____   Condominiums _____   Town homes _____   Single Family Detached _____

Density Proposed: _____   Number of Units: _____

Commercial: Retail _____   Service _____   Square footage proposed: _____

Industrial: Square footage proposed: _____

7. Are there any County violations associated with the property requesting to be annexed?   Yes ☐   No ☐

(If yes, please explain)

8. Is there any zoning case history from the county pertaining to this property?   Yes ☐   No ☐

If so, please attach documentation and any stipulations of approval or provide the case number(s).

9. Number of residents occupying existing dwelling units within the proposed annexation area: _____

I, _____, the undersigned owner or authorized agent for the owner(s) of the property identified in 3 above, request annexation of the property into the City of Phoenix. I understand that upon receipt of this request, and a waiver of Proposition 207 claims related to this request, the City Clerk will initiate review of this request, including evaluation by individual departments of the availability of services to the property and the costs and benefits of the annexation to the City prior to any action by the City Council.   I acknowledge that I will be notified prior to any formal council action on the request and that the annexation process normally takes six to nine months to complete.

Signature _____ Date _____

Please return this completed form to Denise Archibald, City Clerk 200 W. Washington Street, Phoenix AZ 85003-1611