



APACHE COUNTY — Community Development Department

P.O. Box 238 • St. Johns, AZ 85936 • Phone: (928) 337-7526 • Fax: (928) 337-7633

CONDITIONAL USE PERMIT APPLICATION

APPLICANT

Name Cindy Johnson @ Tammy Shea
 Mailing Address P.O. Box 478
Concho, Az. 85924
 Contact Person Tammy Shea
 Phone 575-363-9121 Fax _____
 Email sheatammy201@gmail

SUBMITTAL CHECKLIST

- Pre-application meeting with a staff planner.
- A non-refundable filing fee.
- Proof of Ownership.
- Application, photographs, diagrams, site plans with the setbacks noted, drainage report and any other required information. Please be precise and detailed.
- Citizen Review Process as listed in ordinance Section 1106. A list of names and addresses of all the property owners within 300 feet of subject property.
- ADOT permit granting ingress / egress access
- Map to property.
- All required items need to be submitted to Planning & Zoning at least 30 days prior to the next scheduled meeting.

PROPERTY INFORMATION

Assessor's Parcel # 107-06-822
 Township _____ Range _____ Section _____
 Subdivision Show Low Pines
 Unit # 2 Lot # 822
 Address/Location 47 County Rd 8113
Concho, Az. 85924
 Existing Zoning AG
 Existing Land Use Residential
 Lot Size 1 Acre

CERTIFICATION & SIGNATURE

Submittal of this application constitutes consent of the applicant in granting the Community Development Department access to the subject property during the course of project review. No further consent or notice shall be required.

I hereby certify that the information in this application is correct and agree to abide by the regulations of this jurisdiction.

Signature of Applicant

Tammy Shea Date 4/27/26

Signature of Property Owner (if not the applicant)

_____ Date _____

CONDITIONAL USE PERMIT REQUEST

Please provide a brief description of the request.

We want to add a second house, Sisters need there own place.

Temporary Use: ___ Yes No

OFFICE USE ONLY

Received By Spearce Date 4/27/26
 Receipt # 9523 Fee 300 -
 Permit # 2026-16
 Related Cases _____
 Appeal Filed By _____ Date _____
 Receipt # _____ Fee _____

COMMISSION ACTION

Approved with Conditions Denied
 Resolution # _____ Date _____
 Chairman _____ Date _____

BOARD ACTION

Approved with Conditions Denied
 Ordinance # _____ Date _____
 Supervisor _____ Date _____

Highway 61

8053 - SPRUCE ST.

8032
Hillcrest

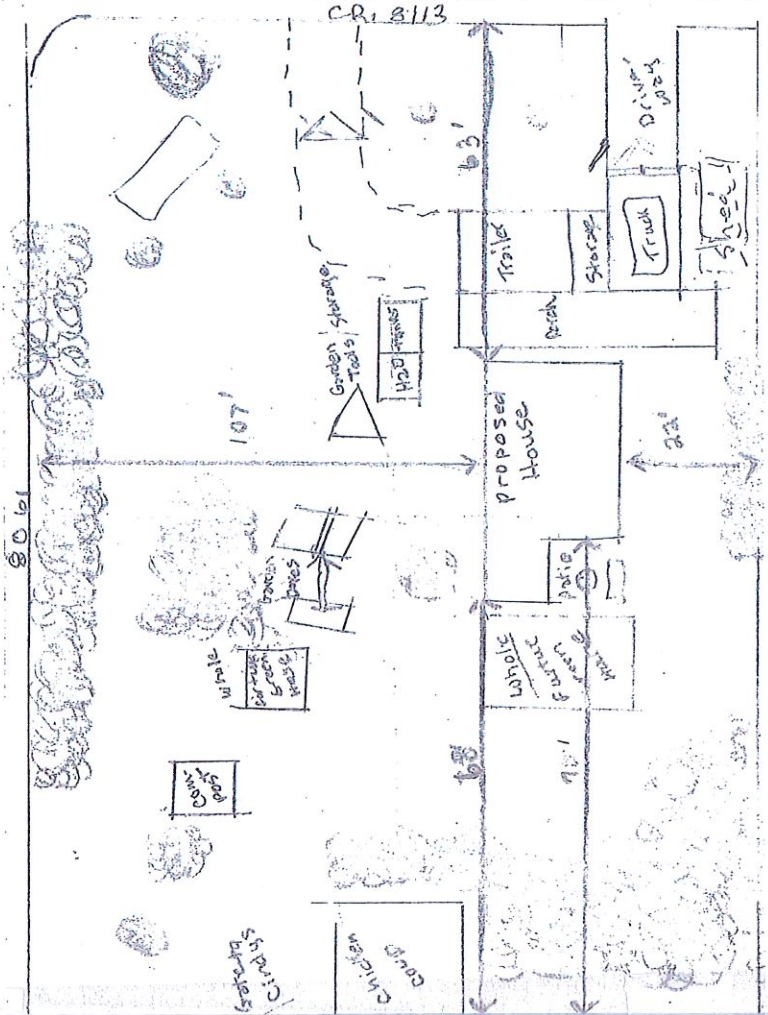
8113
Cleveland

8088
Hohd Kaim

8061 - Rath Dr

47CR
8113

Tammy



Cindy

