



APACHE COUNTY — Community Development Department

P.O. Box 238 • St. Johns, AZ 85936 • Phone: (928) 337-7527 • Fax: (928) 337-7633

CONDITIONAL USE PERMIT APPLICATION

APPLICANT

Name Linda C. Schaefer
 Mailing Address 502 ACR 3144
Show Low, AZ 85901
 Contact Person Linda Schaefer
 Phone 928-228-8531 Fax _____
 Email linocris8191@gmail.com

PROPERTY INFORMATION

Assessor's Parcel # 106-50-004G
 Township 10N Range 24E Section 22
 Subdivision _____
 Unit # _____ Lot # _____
 Address/Location 17 N 3247
Vernon, AZ 85940
 Existing Zoning _____
 Existing Land Use _____
 Lot Size _____

CONDITIONAL USE PERMIT REQUEST

Please provide a brief description of the request.

To replace existing house with a manufactured home

Temporary Use: Yes No

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 assess
- Map to property.
- All required items need to be submitted to Planning & Zoning at least 30 days prior to the next scheduled meeting.

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

Linda Schaefer Date 8/25/25

Signature of Property Owner (if not the applicant)

Date _____

OFFICE USE ONLY

Received By [Signature] Date 8/25/25
 Receipt # 1045 Fee \$300
 Permit # 2025-45
 Related Cases _____
 Appeal Filed By _____ Date _____
 Receipt # _____ Fee _____

COMMISSION ACTION

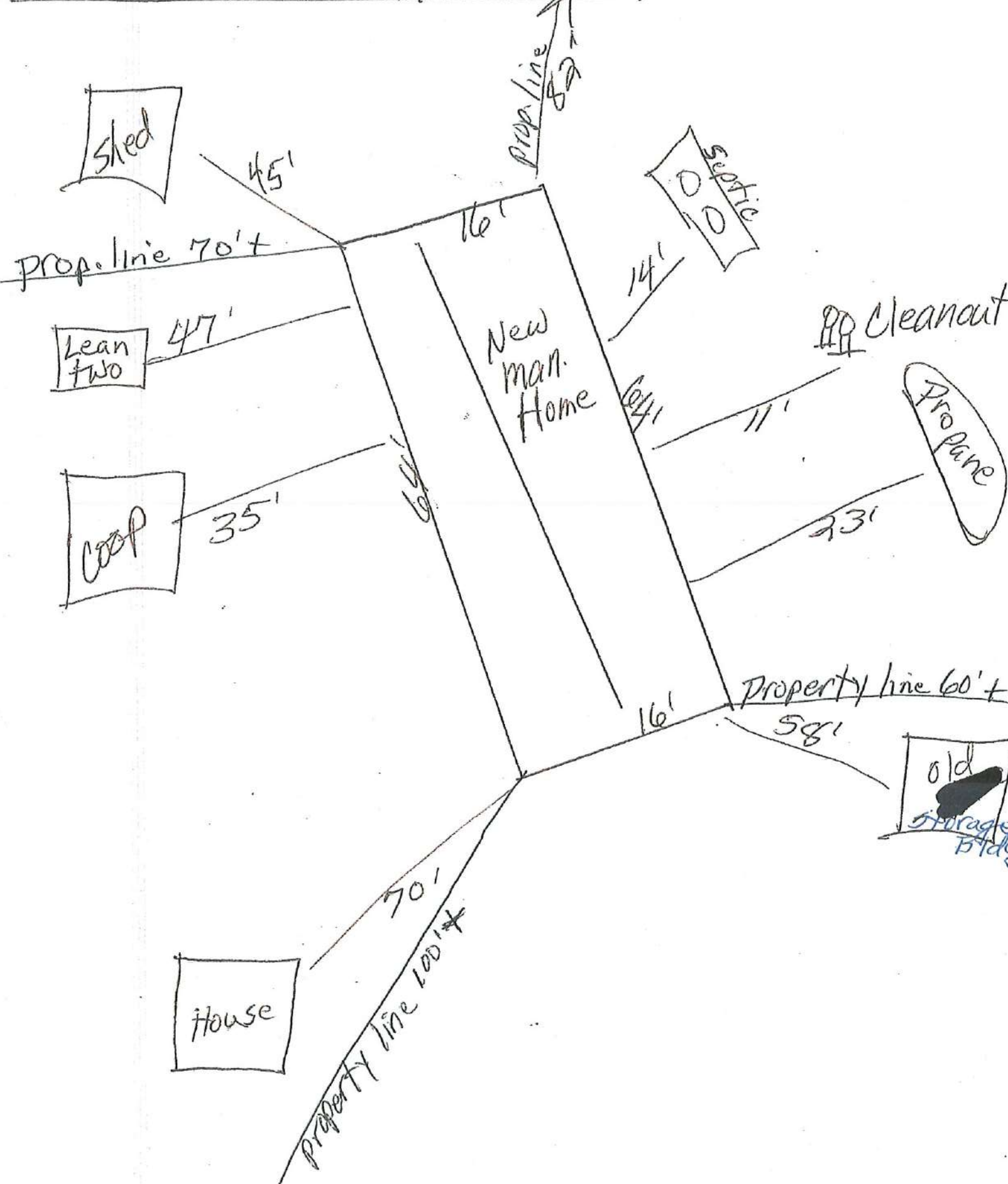
Approved with Conditions Denied
 Resolution # _____ Date _____
 Chairman _____ Date _____

BOARD ACTION

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

Dillon Dr. 3247

FENCE



shed

45'

prop. line 70'+

prop. line 82'

Septic
0 0

14'

Cleanout

Lean two

47'

New man. Home

16'

Propane

coop

35'

23'

Property line 60'+

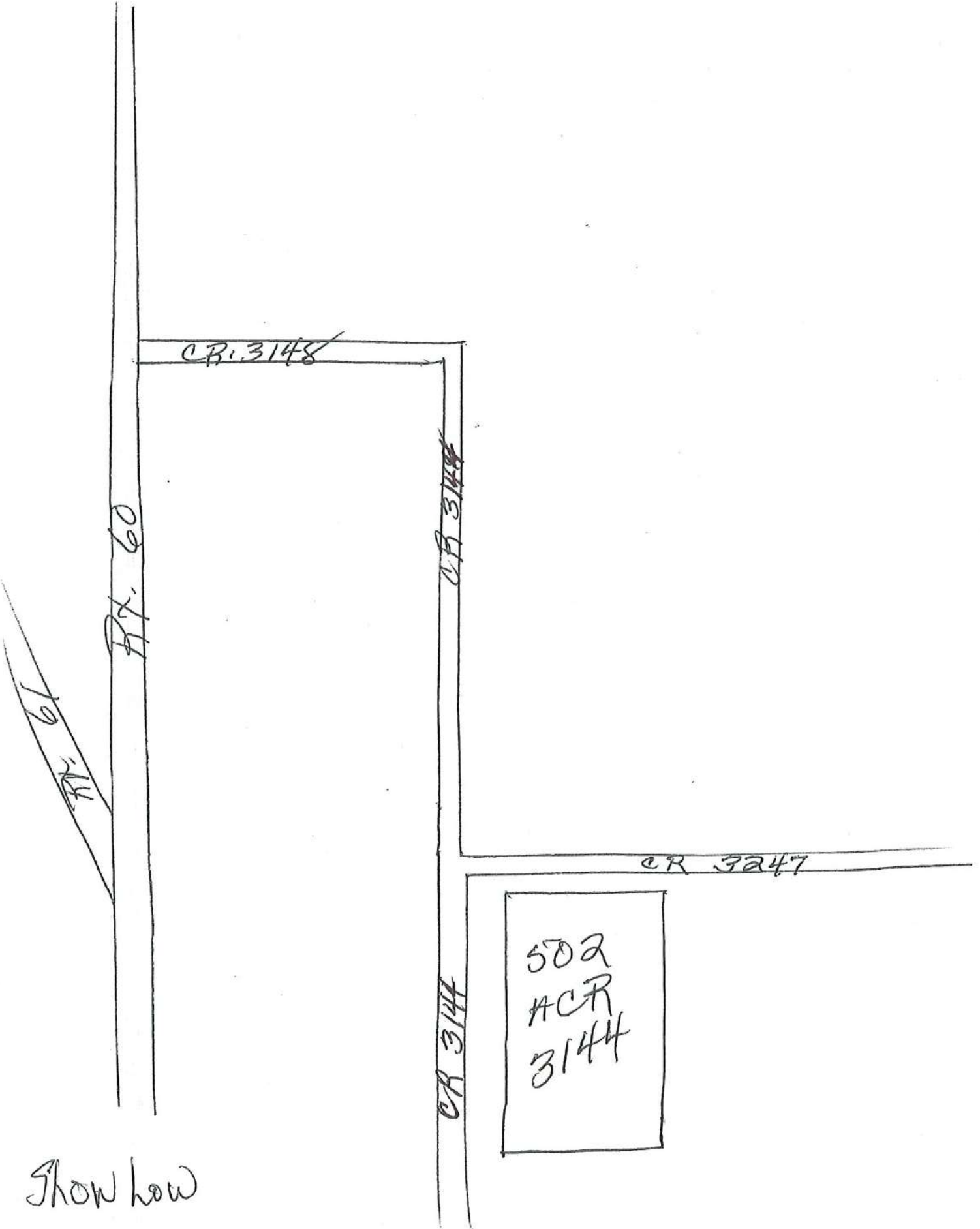
58'

House

Property line 100'+
70'

old
Storage
Bldg

Springerville



SHOW HOW