APPLICATION FOR ANNEXATION

Property Owner(s): ***(for multiple owners, please attach a separate sheet listing the following information for each owner)***

Name: _____

Address: _____

Email: _____ **Phone #:** _____

Fax #: _____

Applicant: _____

Address: _____

Email: _____ **Phone #:** _____

Fax #: _____

Annexation Plat Name: _____

Assessor's Parcel #: _____ **Acreage:** _____

(From County Assessor's Office 520-6600)

Property Location: _____

Proposed Initial Zoning: _____

(Nearest Street Intersection)

A copy of the Submittal Matrix must accompany your development application packet

Materials Required to Accompany Application:	Check if Complete
1. Nonrefundable fee as set forth in the fee schedule.	☐
2. Referral Matrix - provided by the City of Fountain.	☐
3. Referral agencies packets folded and assembled in **unsealed** manila envelopes addressed to appropriate referral agencies as specified in the referral matrix.	☐

_____ _____

Signature of Owner Date Signature of Applicant Date

PLANNING DEPARTMENT USE ONLY

Date Received: _____ **Received By:** _____

Fee Paid: _____ **Complete Submittal:** _____

Revised 07/2020 KM