



FINANCIAL ASSURANCE APPLICATION

Type of financial assurance

<input type="checkbox"/> Bond	<input type="checkbox"/> Escrow account
<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Cash

Reason for financial assurance

<input type="checkbox"/> Subdivision improvements
<input type="checkbox"/> Site improvements for Temporary Certificate of Occupancy
<input type="checkbox"/> Public improvements
<input type="checkbox"/> Other _____

1. **PROJECT NAME** _____

Site Address _____

Assessor Parcel #(s) _____

Existing Zoning _____ Acreage _____

Associated plat or project title: _____

DSA # _____, _____

CDP # _____, _____, _____

2. **APPLICANT INFORMATION:**

Name _____

Company

Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email Address _____

2. **TERM:**

Start Date: _____ Expiration Date: _____

OWNER AUTHORIZATION:

Signature of Property Owner _____ Date _____

Submittal Package

- Engineers cost estimates for all required improvements
- Legal Description

Applicants may receive clarification regarding the specific steps included in processing this application as well as information regarding any code, regulation, or policy relevant to the processing of this application by contacting:

gregory_hernandez@casagrandeaz.gov

520-421-8630, Ext. 3320



FINANCIAL ASSURANCE RELEASE FORM

Type of financial assurance

Bond Cash
 Letter of Credit

Reason for financial assurance

Subdivision improvements
 Site improvements required by Major Site Plan/Final Landscape Plan
 Public improvements
 Other _____

Amount of financial assurance

Total amount of financial assurance \$: _____

Release amount requested \$: _____

Total amount of new financial assurance \$: _____

1. **PROJECT NAME** _____

Associated DSA/CDP #: _____
_____, _____, _____
_____, _____, _____

2. **FINANCIAL ASSURANCE TO BE RETURNED TO INFORMATION:**

Name _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Signature _____ Date _____

STAFF REVIEW AND RELEASE APPROVAL

(Internal use only)

Planner _____
 DC Engineer _____
 Public Works Inspector Name _____

Approved
 Denied

PLANNING DIRECTOR RELEASE AUTHORIZATION:

Signature _____ Date _____