



## 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**

<input type="checkbox"/> Engineers cost estimates for all required improvements
<input type="checkbox"/> 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](mailto: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 \_\_\_\_\_  Approved  
 DC Engineer \_\_\_\_\_  Denied  
 Public Works Inspector \_\_\_\_\_ Name \_\_\_\_\_

**PLANNING DIRECTOR RELEASE AUTHORIZATION:**

Signature \_\_\_\_\_

Date \_\_\_\_\_