

360

2-12-03



COMMUNITY DEVELOPMENT DEPARTMENT

Planning, Zoning and Building Safety
1415 Melody Lane, Bisbee, Arizona 85603

(520) 432-9240
Fax 432-9278

COCHISE COUNTY REZONING APPLICATION

Submit to: Cochise County Community Department
1415 Melody Lane, Building E, Bisbee, Arizona 85603

1. Applicant's Name: MARSHALL Lee Miles

2. Mailing Address: 1551 WEST ARCHERY LN.

Willcox ARIZONA 85643
City State Zip Code

3. Telephone Number of Applicant: (520) 384-9150

4. Telephone Number of Contact Person if Different: (520) 254-7011

5. Email Address: _____

6. Assessor's Tax Parcel Number: 202 - 26 - 006A (Can be obtained from your County property tax statement)

7. Applicant is (check one):

- Sole owner: _____
- Joint Owner: _____ (See number 8)
- Designated Agent of Owner: _____
- If not one of the above, explain interest in rezoning: _____

7. If applicant is **not** sole owner, attach a list of all owners of property proposed for rezoning by parcel number. Include all real parties in interest, such as beneficiaries of trusts, and specify if owner is an individual, a partnership, or a corporation:

- List attached (if applicable): _____

8. If applicant is **not** sole owner, indicate which **notarized** proof of agency is attached:

- If corporation, corporate resolution designating applicant to act as agent: _____
- If partnership, written authorization from partner: _____
- If designated agent, attach a **notarized** letter from the property owner(s) authorizing representation as agent for this application.

9. Attach a proof of ownership for all property proposed for rezoning. Check which proof of ownership is attached:
- Copy of deed of ownership: _____
 - Copy of title report: _____
 - Copy of tax notice: X
 - Other, list: _____

10. Will approval of the rezoning result in more than one zoning district on any tax parcel?
- Yes X No _____

11. If property is a new split, or the rezoning request results in more than one zoning district on any tax parcel then a copy of a survey and associated legal description stamped by a surveyor or engineer licensed by the State of Arizona must be attached.

12. Is more than one parcel contained within the area to be rezoned? Yes _____ No _____
- If yes and more than one property owner is involved, have all property owners sign the attached consent signature form.

13. Indicate existing Zoning District for Property: TR 36

14. Indicate proposed Zoning District for Property: RU2

Note: A copy of the criteria used to determine if there is a presumption in favor of or against this rezoning is attached. Review this criteria and supply all information that applies to your rezoning. Feel free to call the Planning Department with questions regarding what information is applicable.

15. Comprehensive Plan Category: _____ (A County planner can provide this information.)

16. Comprehensive Plan Designation or Community Plan: _____ (A County planner can provide this information.)

Note: in some instances a Plan Amendment might be required before the rezoning can be processed. Reference the attached rezoning criteria, Section A.

17. Describe all structures already existing on the property: 30x70' metal Buildings

18. List all proposed uses and structures which would be established if the zoning change is approved. Be complete. You may want to attach a site plan: STORAGE of BULK

PROPANE.

19. Are there any deed restrictions or private covenants in effect for this property?

- No X Yes _____
- If yes, is the proposed zoning district compatible with all applicable deed restrictions/private covenants? Yes _____ No _____

- Provide a copy of the applicable restrictions (these can be obtained from the Recorder's office using the recordation Docket number)

20. Which streets or easements will be used for traffic entering and exiting the property?

JOE Hines ROAD

21. What off-site improvements are proposed for streets or easements used by traffic that will be generated by this rezoning? NONE

22. How many driveway cuts do you propose to the streets or easements used by traffic that will be generated by this rezoning? NONE (D) EXISTING

23. Identify how the following services will be provided:

Service	Utility Company/Service Provider	Provisions to be made
Water	Domestic Well	
Sewer/Septic	SEPTIC TANK	
Electricity	S.S.V.E.C.	
Natural Gas	PROPANE	
Telephone	Century Link	
Fire Protection	Fire extinguisher	Willcox Rural Fire

24. This section provides an opportunity for you to explain the reasons why you consider the rezoning to be appropriate at this location. The attached copy of the criteria used to determine if there is a presumption in favor of or against this rezoning is attached for your reference (attach additional pages as needed).

~~is~~ The planner we spoke to, suggested we Down zone, to make it easier to fill the desired result.

25. AFFIDAVIT

I, the undersigned, do hereby file with the Cochise County Planning Commission this petition for rezoning. I certify that, to the best of my knowledge, all the information submitted herein and in the attachments is correct. I hereby authorize the Cochise County Planning Department staff to enter the property herein described for the purpose of conducting a field visit.

Applicant's Signature: Marshall Miles
Date: 2-1-12

SECTION D - Hazardous or Polluting Materials

Does the proposed use involve hazardous materials? These can include paint, solvents, chemicals and chemicals wastes, oil, pesticides, herbicides, fertilizers, radioactive materials, or biological agents. Engine repair, dry cleaning, manufacturing and all uses that commonly use such substances in the County's experience require completion of the attachment.

No _____ Yes If yes, complete the attached Hazardous Materials Attachment. Engine repair, manufacturing and all uses that commonly use such substances in the County's experience also require completion of the attachment.

Applications that involve hazardous or polluting materials may take a longer than normal processing time due to the need for additional research concerning the materials' impacts. The Arizona Department of Environmental Quality (ADEQ) Compliance Assistance Program can address questions about Hazardous Materials (1-800-234-5677, ext. 4333.)

SECTION E - Applicant's Statement

I hereby certify that I am the owner or duly authorized owner's agent and all information in this questionnaire, in the Joint Permit Application and on the site plan is accurate. I understand that if any information is false, it may be grounds for revocation of the Commercial Use/ Building/ Special Use Permit.

Applicant's Signature Marshall Miles

Date signed 2-16-2012

MATERIAL SAFETY DATA SHEET

PROPANE Product Name

SYNERGY GAS
BOX 169
SPRINGDALE, AR 72764

Emergency Phone No. 501-751-9181

Date: August 1989

PRODUCT IDENTIFICATION

Synonyms: Dimethylmethane
Chemical Name: Propane
Chemical Family: Paraffinic Hydrocarbon

Chemical Formula: C₃H₈
CAS Reg. No: 74-98-6
Product No: NE

Product and/or Components Entered on EPA's TSCA Inventory: Yes No

HAZARDOUS COMPONENTS

INGREDIENTS	CAS NUMBER	% BY WT	OSHA PEL	ACGIH TLV
Propane	74-98-6	> 90	1000 ppm	Simple Asphyxiant
Propylene	115-07-1	< 5	NE	Simple Asphyxiant
n-Butane	106-97-8	< 2.5	NE	800 ppm

PERSONAL PROTECTION INFORMATION

Ventilation: Use adequate ventilation to control exposure below recommended levels.

Skin Protection: No special garments required. Avoid unnecessary skin contamination with material.

Respiratory Protection: Not generally required. When entry into or exit from concentrations of unknown exposure, use NIOSH/MSHA approved self-contained breathing apparatus (SCBA).

Note: Personal protection information shown above is based upon general information as to normal uses and conditions. Where special or unusual uses or conditions exist, it is suggested that the expert assistance of an industrial hygienist or other qualified professional be sought.

Eye Protection: Use safety glasses with side shields.

HANDLING AND STORAGE PRECAUTIONS

Avoid inhalation and skin and eye contact. Wear protective equipment and/or garments described above if exposure conditions warrant. Wash hands after handling. Protect containers against physical damage.

Store in a cool, well ventilated area away from ignition sources. Provide means for controlling leaks. Band and ground during transfer. Keep containers closed.

REACTIVITY DATA

Stability: Stable Unstable Conditions to Avoid: Incompatibility (Materials to Avoid): Oxygen and strong oxidizing agents.

Hazardous Polymerization: None
Conditions to Avoid: None
Hazardous Decomposition Products: Carbon oxides formed when burned.

HEALTH HAZARD DATA

RECOMMENDED EXPOSURE LIMITS:
OSHA PEL 1000 ppm (propane).
ACGIH simple asphyxiant (propane)

ACUTE EFFECTS OF OVEREXPOSURE:

EYE: Very high gas concentrations may cause mild irritation effects. Liquefied gas may cause freeze-burns upon direct contact.

SKIN: Very high gas concentrations may cause mild irritation to mucous membranes. Liquefied gas may cause freeze-burns upon direct contact.

INHALATION: Simple asphyxiant. Extreme over exposure may produce dizziness, headache, disorientation, excitation, fatigue, inability to concentrate, vomiting, coughing, anesthesia, unconsciousness and death.

INGESTION: Not a likely exposure route. Liquefied gas may cause freeze-burns to the mucous membranes and possible central nervous system depression.

SUBCHRONIC AND CHRONIC EFFECTS OF OVEREXPOSURE:

Exposure to 1000 ppm for 8 hours a day, 5 days a week, for approximately 2 weeks produced no abnormal reactions.

Effects, including cardiac, pulmonary, and neurologic functions in humans.

OTHER HEALTH EFFECTS:

Propane was not mutagenic in the AMES assay.

HEALTH HAZARD CATEGORIES:

	Animal	Human		Animal	Human
Known Carcinogen	<input type="checkbox"/>	<input type="checkbox"/>	Toxic	<input type="checkbox"/>	<input type="checkbox"/>
Suspect Carcinogen	<input type="checkbox"/>	<input type="checkbox"/>	Corrosive	<input type="checkbox"/>	<input type="checkbox"/>
Mutagen	<input type="checkbox"/>	<input type="checkbox"/>	Irritant	<input type="checkbox"/>	<input type="checkbox"/>
Teratogen	<input type="checkbox"/>	<input type="checkbox"/>	Target Organ Toxic	<input type="checkbox"/>	20
Allergic Sensitizer	<input type="checkbox"/>	<input type="checkbox"/>	Specific: Eye and skin freeze-burns.		
Highly Toxic	<input type="checkbox"/>	<input type="checkbox"/>			

FIRST AID AND EMERGENCY PROCEDURES:

EYE: Immediately flush eyes with running water for at least 15 minutes. If irritation develops, seek medical attention.

SKIN: Flush skin with water for 15 minutes. If irritation develops, seek medical attention.

INHALATION: Remove from exposure. If breathing ceases, administer artificial respiration followed by oxygen. Seek medical attention.

INGESTION: Seek immediate medical attention.

PHYSICAL DATA

Appearance: Colorless liquefied petroleum gas
Odor: None (Repulsive odor if odorant has been added)
Boiling Point: -44°F (-42°C)
Vapor Pressure: 208 psig at 100°F
Vapor Density (Air = 1): 1.5

Solubility in Water: Negligible
Specific Gravity (H₂O = 1): 0.508-0.510 at 60/60°F
Percent Volatile by Volume: 100
Evaporation Rate (Ethyl Ether = 1): > 1
Viscosity: NE

FIRE and EXPLOSION DATA

Flash Point (Method Used): -156°F (-104°C) (Estimated)
Flammable Limits (% By Volume in Air): LEL 2.1 UEL 9.5
Fire Extinguishing Media: Dry chemical, foam or carbon dioxide (CO₂).
Special Fire Fighting: Evacuate area of all unnecessary personnel. Use NIOSH/MSHA approved self-contained breathing apparatus and other protective equipment and/or garments described on Page 1 if conditions warrant.

Shut off source, if possible. Water fog or spray may be used to cool exposed containers and equipment. Allow fire to burn until gas flow is shut off, if possible.
Fire and Explosion Hazards: Carbon oxides formed when burned. Highly flammable vapors which are heavier than air may accumulate in low areas and/or spread along ground away from handling site.

SPILL, LEAK and DISPOSAL PROCEDURES

Precautions Required if Material is Released or Spilled: Evacuate area of all unnecessary personnel. Wear protective equipment and/or garments described on Page 1 if exposure conditions warrant. Shut off source, if possible.

Protect from ignition. Ventilate area thoroughly.
Waste Disposal (In accordance with All Applicable Disposal Regulations): Incinerate or otherwise manage RCRA permitted waste management facility.

DOT TRANSPORTATION

Shipping Name: Liquefied Petroleum Gas
Hazard Class: Flammable Gas
ID Number: UN 1075
Marking: Liquefied Petroleum Gas/UN 1075
Label: Flammable Gas
Placard: Flammable Gas/1075

Hazardous Substance/NO: NA
Shipping Description: Liquefied Petroleum Gas, Flammable Gas, UN 1075
Packaging References: 49 CFR 173.304, 173.306, 173.314, and 173.315

RCRA CLASSIFICATION:

(FOR UNALDERATED PRODUCT AS A WASTE): Ignitable

PROTECTIVE MEASURES DURING REPAIR AND MAINTENANCE OF CONTAMINATED EQUIPMENT

Wear protective equipment and/or garments described on Page 1 if exposure conditions warrant. Contact immediate supervisor for specific instructions before work is initiated.

HAZARD CLASSIFICATION

THIS PRODUCT MEETS THE FOLLOWING HAZARD DEFINITIONS(S) AS DEFINED BY OCCUPATIONAL SAFETY AND HEALTH REGULATIONS (29 CFR PART 1910, 1200):

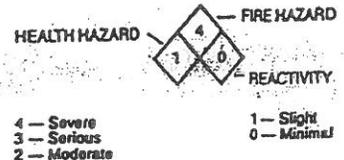
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> 1 Hazardous | <input type="checkbox"/> Flammable Solid | <input type="checkbox"/> Oxidizer |
| <input type="checkbox"/> 2 Combustible Liquid | <input type="checkbox"/> Flammable Aerosol | <input type="checkbox"/> Pyrophoric |
| <input type="checkbox"/> 3 Compressed Gas | <input type="checkbox"/> Explosive | <input type="checkbox"/> Unstable |
| <input checked="" type="checkbox"/> 4 Flammable Gas | <input checked="" type="checkbox"/> Health Hazard (See Page 3) | <input type="checkbox"/> Water Reactive |
| <input type="checkbox"/> 5 Flammable Liquid | <input type="checkbox"/> Organic Peroxide | |

NA - NOT APPLICABLE NE - NOT ESTABLISHED

WARNING

Danger! Extremely flammable. Compressed Gas Asphyxiant in high concentrations. Contact with liquid causes burns similar to frostbite. OSHA permissible exposure limit (PEL) 1000 ppm for an 8-hour workday.

Appearance and Odor: Vapor and liquid are colorless. Product contains an odorant (pungent odor).



ADDITIONAL COMMENTS

Synergy Gas believes that the information contained herein (including data and statements) is accurate as of the date hereof. NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, OR ANY OTHER WARRANTY, EXPRESS OR IMPLIED, IS MADE AS CONCERNS THE INFORMATION HEREIN PROVIDED. The information provided herein relates only to the specific product designated and may not be valid where such product is used in combination with any other materials or

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Hazardous Materials Attachment

Firm's current name: GM PROPANE.
Current location: 1551 W ARCHERY LN. Willcox
Fire district: CITY OF Willcox, RURAL FIRE
Nearest main intersection with street names: JOE Hines & PACKING plant
Distance: 1/8 mile packing plant miles Direction: NORTH

Firm's previous location(s)

Previous name(s) of firm/operation: NONE
Previous location(s): _____ Date(s): _____
Previous compliance/accident history: _____
Date(s): _____

1. List hazardous and polluting materials (including raw materials, products, wastes, emissions, discharges, etc.) that will be brought to, stored, manufactured, produced, generated, processed or otherwise used at or released or transferred from the site and the quantities you will store. Material Safety Data Sheets (MSDS) are required for all such substances.

Material	<u>PROPANE</u>	Quantity	<u>15,000</u>
Material	_____	Quantity	_____
Material	_____	Quantity	_____
Material	_____	Quantity	_____

2. How will substances be stored? (For example, automotive batteries require impervious flooring, flammables require NFPA 30 cabinets, gas cylinders need restraints, and many chemicals have specific requirements, such as secondary containment areas for liquids. These requirements are found in the MSDS or can be requested from ADEQ.)

GAS CYLINDER, 8' DIAMETER- 56' LONG

3. What methods will ensure proper containment during use or ventilation? (Waste and by-products as well as substances have specific needs to control damage from those products.)

This product has 4 safety's per
fill line, BURN LINK'S, AND AUTOMATIC.
SHUT OFF VALVES. WE WILL FOLLOW THE
NATIONAL CODE FOR INSTALLATION

4. Is any welding being performed and where? (Flammables must be kept away from sources of ignition such as electricity, arcs, sparks, hot metal or open flame. Gas cylinders must be secured.)

NO.

5. How will waste/ excess substances be disposed of? (Commercial operators may not use the County transfer stations' hazardous waste program. They handle only household materials.)

PROPANE EVAPORATES WITH NO REMAINING RESIDUE.
NO PROPANE SHOULD EVER ESCAPE.

6. What evacuation, treatment and notification will be made if there are any releases to groundwater or air? (Notification may be required to the Sheriff's Department, adjacent neighborhoods, State Fire Marshal, local fire district, ADEQ, and/ or EPA.)

STATE FIRE MARSHAL, SHERIFFS OFFICE WILL
BE CONTACTED.

Signature Mark Hill

Date 2-17-2012

721A

**I Billy & Helen, Miles
Give Marshall, Miles permission to
Use said property at 1551 W. Archery Ln.
We give permission to Instal & get all
Permits Required for 15,000 Gallon
Storage Tank.**

Billy, Miles *Billy Miles*
Helen, Miles *Helen Miles*