WHEN RECORDED RETURN TO:
CITY OF SCOTTSDALE
ONE STOP SHOP/RECORDS
(____________________)
7447 East Indian School Road, Suite 100
Scottsdale, AZ  85251

City of Scottsdale Case No. ___________________

City of Scottsdale
Historic Preservation District Overlay Waiver of Claims for Diminution in Value of Property
Under Proposition 207 (A.R.S. §12-1131, et.seq.)

The undersigned is the fee title owner of property, Parcel No._____-_____-____-____ located at _______________________________. Owner acknowledges that he/she is aware of the application by the City of Scottsdale for the formation of a Historic Preservation District Overlay that will include Owner’s property within the boundaries of the District. Owner has independently determined and believes that the formation of a Historic Preservation District Overlay, which will include Owner’s property, will not diminish the fair market value of Owner’s property. Owner, together with its heirs, successors, or assignees hereby voluntarily waives any rights to make any claim for diminution in value of Owner’s property, pursuant to A.R.S. §12-1134, as a result of the formation of a Historic Preservation District Overlay that will include the Owner’s property. Owner acknowledges that he/she is under no compulsion to enter into this Agreement.

Owner understands that this Waiver shall run with the Property and be binding upon subsequent landowners. Owner consents to the recording of this Waiver with the Maricopa County Recorder.

Owner warrants and represents that Owner is the fee title Owner to the property and has legal power to execute this Waiver Agreement.

OWNER(S)   ___________________________       By: ____________________________
(Type Name of Owner) (Signature of Owner)

OWNER(S)   ___________________________ By: _____________________________
(Type Name of Owner) (Signature of Owner)

State of AZ ) ss.
County of Maricopa )

SUBSCRIBED AND SWORN to before me this ___ day of _____________________, 20__, by _____________________________________________.

__________________________
Notary Public

My commission expires:

__________________________

HP Waiver Form