



Prior to filing out this application and/or submitting this application to the Planning Division. Please ensure that you have submitted a Service Request (SR) to the Planning Division. This can be done by using the SR link below.

SERVICE REQUEST

PLEASE DO NOT SKIP this step. If this step is skipped then your application will not be processed. The SR allows the Planning Division to account for your request within our system, assigns you with a SR number, which then allows your request to be assigned a planner. I repeat if you skip submitting a service request your application will not be processed until it is assigned a SR number.

If you have any questions, comments, and/or concerns regarding this please do not hesitate to contact the Planning Division at **623-930-2800**.



PLANNING

Development Services Department

Date Stamp

MASTER APPLICATION

Please check ALL of the applications that you are applying for:

- | | |
|---|---|
| <input type="checkbox"/> Administrative Relief | <input type="checkbox"/> Glendale Centerline Overlay District |
| <input type="checkbox"/> Administrative Review | <input type="checkbox"/> Preliminary Subdivision Plat/Development Master Plan |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Rezoning |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Design Review (Major) | <input type="checkbox"/> Zoning Interpretation |
| <input type="checkbox"/> Design Review (Minor) | <input type="checkbox"/> Zoning Ordinance Text Amendment |
| <input type="checkbox"/> Final Subdivision Plat | <input type="checkbox"/> General Plan Amendment |

Project Name: _____

Property Address: _____ Gross Acres: _____

Major Cross Streets: _____

Council District: _____

Existing Land Use: _____

PROPERTY OWNER

Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

TO REPRESENT ME IN THIS APPLICATION, I GIVE AUTHORIZATION TO:

Representative Name: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

(Print or type name of owner of record)

(Signature of owner of record)

(Date)