



PROJECT APPLICATION
COMMUNITY DEVELOPMENT
7447 E. INDIAN SCHOOL ROAD
SCOTTSDALE, AZ 85251
(480) 312-7000 FAX (480) 312-7088

Note:
Coordinator signature
required prior to
submittal.

<input type="checkbox"/> GEN'L PLAN AMENDMENT _____	<input type="checkbox"/> MASTER SIGN PROGRAM _____
<input type="checkbox"/> REZONING _____	<input type="checkbox"/> LOT SPLIT _____
<input type="checkbox"/> PRELIMINARY PLAT _____	<input type="checkbox"/> VARIANCE _____
<input checked="" type="checkbox"/> USE PERMIT <u>After hours</u>	<input type="checkbox"/> ABANDONMENT _____
<input type="checkbox"/> DEVELOPMENT REVIEW _____	<input type="checkbox"/> OTHER _____

CASE # _____

Q.S. _____

PROJECT # 77 - PA - 2000 #

APPLICANT FILL OUT BELOW

PROJECT NAME <u>Sanctuary</u>		PROJECT LOCATION (ADDRESS) <u>7336 - 7340 E. Shoeman Lane</u>	
REQUEST <u>After hours conditional use permit application</u>		CURRENT ZONING <u>C-2/P-3/P-2</u>	
		PARCEL IN ACRES -- NET: <u>0.78 ac</u> GROSS: <u>0.78 ac</u>	
		BOOK, MAP, PARCEL: <u>as listed on attached authorization form</u>	
Current OWNER Name <u>Property Owner</u>	Street Address <u>4332 N. Wells Fargo</u>	Phone <u>480-941-2260</u>	
Company <u>F.F.P. LLC</u>	City/State/Zip <u>Scottsdale, AZ 85251</u>	FAX	
Business Owner DEVELOPER Name <u>Gin Cor</u>	Street Address <u>7340 E. Shoeman Ln.</u>	Phone <u>480-970-6970</u>	
Company <u>Att: 665 Corieri</u>	City/State/Zip <u>Scottsdale, AZ 85251</u>	FAX <u>480-970-1166</u>	
ARCHITECT Name <u>John Reddell</u>	Street Address <u>2501 N. Hayden Rd.</u>	Phone <u>480-946-0212</u>	
Company <u>Reddell Architects</u>	City/State/Zip <u>#103 Scottsdale, AZ 85257</u>	FAX <u>480-946-0182</u>	
ENGINEER Name _____	Street Address _____	Phone _____	
Company _____	City/State/Zip _____	FAX _____	
The owner shall designate either himself, or his architect, engineer, or agent as the coordinator for the project. This person will attend pre-application conferences, and will receive the agenda, recommendations and case reports. All contacts will be made for this project through the person named as coordinator below.			
APPLICANT/COORDINATOR NAME <u>John V. Berry</u>	Street Address <u>4800 N. Scottsdale Rd.</u>	Phone <u>480-429-3003</u>	
Company <u>Beus Gilbert PLLC</u>	City/State/Zip <u>#6000 Scottsdale, AZ 85251</u>	FAX <u>480-429-3100</u>	
		e-mail <u>jberry@beusgilbert.com</u>	
<u>see attached authorization letter</u>		<u>Martha West for John V. Berry</u>	
OWNER'S SIGNATURE		APPLICANT'S SIGNATURE	
PRINT NAME		PRINT NAME	
REPRESENTING		REPRESENTING	

OFFICIAL USE ONLY

YOUR STAFF COORDINATOR: _____ (480) 312- _____ PRE-APP. DATE _____
THIS APPLICATION NEEDS A: ☐ NEW # OR ☐ OLD PROJECT #

WHITE/FILE

YELLOW/APPLICANT

CD03250 (07/2002)