



**PROJECT APPLICATION**  
**PLANNING AND COMMUNITY DEVELOPMENT**  
 7447 E. INDIAN SCHOOL ROAD  
 SCOTTSDALE, AZ 85251  
 994-7080 FAX 94-7781

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

CASE # 1342N85#4  
 Q.S. 36-48  
 PROJECT # - PA -  
134-2N-85#4

APPLICANT FILL OUT BELOW		
PROJECT NAME <b>SCOTT'S INTERNATIONAL CORP. CTR.</b>	PROJECT LOCATION (ADDRESS) <b>S.W.C. PIMA &amp; BELL ROADS</b>	
PROPOSED USE OR REQUEST <b>AMEND STIPS / REZONE</b>	CURRENT ZONING <b>GD &amp; C-2</b>	
PARCEL IN ACRES NET: <u>—</u> GROSS: <b>± 17.9</b>	BUILDING CODE CLASSIFICATIONS: OCCUPANCY GROUP: TYPE OF CONSTRUCTION: <u>—</u>	BOOK, MAP, PARCEL <b>215-50-33 &amp; 4F</b>
Current OWNER Name <b>KARL RAUSBERGER</b>	Street Address <b>14851 N. SCOTT'S RD</b>	Phone <b>991-0200</b>
Company <b>PIMA/BELL BUSINESS PARK</b>	City/State/Zip <b>SCOTTSDALE, AZ 85254</b>	FAX <b>991-0551</b>
DEVELOPER Name <b>N/A</b>	Street Address	Phone
Company	City/State/Zip	FAX
ARCHITECT Name <b>N/A</b>	Street Address	Phone
Company	City/State/Zip	FAX
ENGINEER Name <b>JOHN FULLER</b>	Street Address <b>583 W. MAGDALBNA</b>	Phone <b>752-2124</b>
Company <b>J.E. FULLER HYDROLOGY</b>	City/State/Zip <b>TEMPE, AZ 85283</b>	FAX <b>839-2193</b>
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, ordinances, and minutes for the public hearings. All contacts will be made for this project through the person named as coordinator below.		
APPLICANT/COORDINATOR NAME <b>STEVEN VOSS</b>	Street Address <b>7502 B. MAIN ST.</b>	Phone <b>994-0994</b>
Company <b>LARSON, VOSS ASSOC.</b>	City/State/Zip <b>SCOTTSDALE 85251</b>	FAX <b>994-7332</b>
OWNER'S SIGNATURE	APPLICANT'S SIGNATURE 	
PRINT NAME	<b>STEVEN J. VOSS</b>	
REPRESENTING	<b>LARSON, VOSS ASSOCIATES</b>	

YOUR STAFF COORDINATOR:		(602) 994- <u>7059</u> PRE-APP. DATE <u>6/14/95</u>
THIS APPLICATION NEEDS A: <input checked="" type="checkbox"/> NEW # OR <input checked="" type="checkbox"/> OLD PROJECT #		