



Project Application

Schedule a meeting with your project coordinator before submitting your application.

Date: _____ Project No: _____ -PA- _____
 Coordinator: _____ Case No: _____

- Case Type:**
- | | | |
|---|---|--|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Rezoning | <input type="checkbox"/> Preliminary Plat |
| <input type="checkbox"/> Use Permit | <input type="checkbox"/> Development Review | <input type="checkbox"/> Master Sign Program |
| <input type="checkbox"/> Land Division | <input type="checkbox"/> Variance | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Text Amendment | <input type="checkbox"/> Other: _____ | |

Project Name: Rocco's Tacos Associated Case(s): _____
Project Address: 7333 E. SHOEMAN LN. SCOTTSDALE, AZ 85251
Current Zoning District: _____ **Parcel Number(s):** _____ **Quarter Section:** _____
Request: RE-PAINT EXTERIOR AND LANDSCAPE INSTALL

The property owner shall designate an agent as the coordinator for the project. This person (the applicant) shall attend pre-application conferences and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. All contact for this project will be made through the applicant listed below.

Owner Contact: <u>TONY HASHEMIAN DDS</u>	Developer Contact: _____
Company: <u>SEAL INTERNATIONAL INVESTMENTS</u>	Company: _____
Phone: <u>480-423-8151</u> Fax: <u>480-538-1345</u>	Phone: _____ Fax: _____
E-mail: <u>TONYHASHEMIAN@AOL.COM</u>	E-mail: _____
Address: <u>7350 E. STETSON DR. #200 SCOTTSDALE</u>	Address: _____

Architect Contact: _____	Engineer Contact: _____
Company: _____	Company: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-mail: _____	E-mail: _____
Address: _____	Address: _____

Applicant Contact: JOE PINELLI **Company:** ROCCO'S TACOS
E-mail: PINELLI@COX.NET **Phone:** 602-405-4941 **Fax:** _____
Address: 4302 E. BETTY ELYSE LN PHOENIX, AZ 85032

[Signature] 2/2/05 [Signature] 2/2/05
 Owner Signature Date Applicant Signature Date

OFFICIAL USE ONLY

Coordinator Signature: _____ **E-mail:** _____@ScottsdaleAZ.gov **Phone:** 480-312-_____
This application needs a: New Project Number or Old Project Number: _____ **Date:** _____

Planning and Development Services Department
 7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251