

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

Note:  
Coordinator signature  
required prior to  
submittal.

*4 MS 2000*

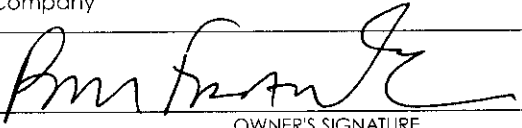

CASE # 521-PA-99

Q.S. \_\_\_\_\_

PROJECT # 521-PA-99

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

**APPLICANT FILL OUT BELOW**

PROJECT NAME <b>The Shops at Gainey Village</b>		PROJECT LOCATION (ADDRESS) <b>8787 N. Scottsdale Rd.</b>	
REQUEST <b>Adopt Master Sign Program</b>		CURRENT ZONING <b>C-2/PCD</b>	
		PARCEL IN ACRES -- NET: _____ GROSS: <b>14.3 +/-</b>	
		BOOK, MAP, PARCEL:	
Current OWNER Name Company	<b>Scottsdale &amp; Doubletree L.L.C.</b>	Street Address City/State/Zip	<b>11411 N. Tatum Blvd. Phoenix, AZ 85028</b>
		Phone FAX	
DEVELOPER Name Company	<b>WESTCOR PARTNERS</b>	Street Address City/State/Zip	<b>11411 N. Tatum Blvd. Phoenix, AZ 85028</b>
		Phone FAX	<b>602-953-6200 602-953-6298</b>
ARCHITECT Name Company	<b>DFD Architecture</b>	Street Address City/State/Zip	<b>4201 N. 24th St., Ste 100 Phoenix, AZ 85016</b>
		Phone FAX	<b>602-957-4758 602-957-9603</b>
ENGINEER Name Company	<b>Wood/Patel</b>	Street Address City/State/Zip	<b>1550 E. Missouri Ave., Ste 203 Phoenix, AZ 85014</b>
		Phone FAX	<b>602-335-8500 602-335-8580</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 and case reports. All contacts will be made for this project through the person named as coordinator below.			
APPLICANT/COORDINATOR NAME Company		Street Address City/State/Zip	Phone FAX
 OWNER'S SIGNATURE			
<b>Benjamin Frantz</b> PRINT NAME			
<b>Scottsdale and Doubletree, LLC</b> REPRESENTING			
		APPLICANT'S SIGNATURE	
		PRINT NAME	
		REPRESENTING	
<b>OFFICIAL USE ONLY</b>			
YOUR STAFF COORDINATOR: 		(602) 994- _____	PRE-APP. DATE <b>1/5 / 600</b>
THIS APPLICATION NEEDS A: <input checked="" type="checkbox"/> NEW # OR <input type="checkbox"/> OLD PROJECT #			