



# Project Application

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

Date: \_\_\_\_\_

Project No.: 593 - PA - 2005-2

Coordinator: TIM CURTIS

Case No.: 593 - - -

- Case Type:**
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Rezoning           | <input type="checkbox"/> Preliminary Plat    |
| <input checked="" 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: TANNER'S DBA-MINX Associated Case(s): TANNER'S 1-UP-2006

Project Address: 6990 East Shea Blvd. Ste. 101

Current Zoning District: C-2 Parcel Number(s): \_\_\_\_\_ Quarter Section: \_\_\_\_\_

Request: LIVE MUSIC PERMIT

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: JAMES LADMAN  
Company: GEEKEE HOLDINGS, LLC  
Phone: (602) 418-0007 Fax: \_\_\_\_\_  
E-mail: jamiladman@cox.net  
Address: 6990 East Shea Blvd Ste 101, Scottsdale, AZ 85258

Developer Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_

Architect Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_

Engineer Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_

Applicant Contact: SAME AS OWNER  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_

Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## OFFICIAL USE ONLY

Coordinator Signature: TIM CURTIS E-mail: TCURTIS@ScottsdaleAZ.gov Phone: 480-312-7000

This application needs a: ☒ New Project Number or ☐ Old Project Number: \_\_\_\_\_ Date: 8/15/06

## Planning and Development Services Department

7447 E Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088

CK# 1033

for \$ 2149.00



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Date: August 15, 2006Project No.: 593 - PA - 2005-2Coordinator: TIM CURTISCase No.: 593 - - -

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 E-mail: jamieladman@cox.net  
 Address: 6990 East Shea Blvd Ste 101, Scottsdale, AZ 85212

**Developer Contact:** \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Architect Contact:** \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Engineer Contact:** \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Applicant Contact:** SAME AS OWNER  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_

Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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