



# Project Application

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

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

Project No.: \_\_\_\_\_ - PA - \_\_\_\_\_

Coordinator: MAC Cummins

Case No.: 110 - DR - 2005#2

**Case Type:**  
☐ General Plan Amendment  
☐ Use Permit  
☐ Land Division  
☐ Text Amendment

☐ Rezoning  
☒ Development Review  
☐ Variance  
☐ Other: ↓ REVISION

☐ Preliminary Plat  
☐ Master Sign Program  
☐ Abandonment

**Project Name:** 4020 LOFTS

**Associated Case(s):**

DR - 110 - 2005  
608 - PA - 2005

**Project Address:** 4020 N. SCOTTSDALE ROAD

**Current Zoning District:** D OC-2

**Parcel Number(s):** \_\_\_\_\_

**Quarter Section:** \_\_\_\_\_

**Request:** ADD EXTERIOR SPIRAL STAIRS TO 5 BALCONIES FOR THIRD FLOOR LOFTS. USE STEEL CABLE AT ROOF DECK PERIMETER FOR SAME 5 LOFT UNITS.

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:** PETER BLIED  
**Company:** RED MOUNTAIN RETAIL GROUP  
**Phone:** 714-308-1171 **Fax:** 714-245-7401  
**E-mail:** pblied@rmrginc.com  
**Address:** 1234 E. 17th STREET, SANTA ANA CA 92701

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

**Architect Contact:** RICH WRIGHT  
**Company:** RICHARDSON DESIGN PARTNERSHIP  
**Phone:** 801-355-6868 **Fax:** 801-355-6880  
**E-mail:** rwright@trdp.com  
**Address:** \_\_\_\_\_

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

**Applicant Contact:** (SEE OWNER)  
**E-mail:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

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

[Signature] 4/26/07  
Owner Signature Date

[Signature] 4/26/07  
Applicant Signature Date

## OFFICIAL USE ONLY

**Coordinator Signature:** [Signature] **E-mail:** \_\_\_\_\_ **@ScottsdaleAZ.gov** **Phone:** 480-312- 9213

**This application needs a:** ☐ New Project Number or ☒ Old Project Number: \_\_\_\_\_ **Date:** 5-23-07

## Planning and Development Services Department

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