



## **Master Sign Program Staff Approval**

## **Application & Submittal Requirements**

Project Name: 4020 N. Scottstate Roas	
Project Address: 4020 N. SCOTTSDALE ROAD	Zip Code: _ \$\$7\$)
Current Zoning District: Parcel Number(s): 130 - 12 -023 /024 /025 Quarter Section:	
Request: APPONIAL OF MASTER SIGN PROGRAM	
Associated Case(s): 110-DR-65 # 2. /110-DR-05	
Owner Contact: PETER BLIED	Applicant Contact: CHRIS NEENAN
Company: RED MOUNTAIN RETAIL GROUP	Company: GARBNER SIGNS, INC.
Phone: 714-460-1551 Fax: 714-245-7401	Phone: 303-710-9853 Fax: 303-265-9217
E-mail: PBUES @RMRGINC.COM	E-mail: CJN@GSIWEST.COM
Address: 1234 €. 17 <sup>™</sup> ST.	Address: 8101 S. H. FRONTAGE ROAD
SANTA ANA, CA 92701	FORT CALLINS, CO 80528
Submittal Requirements:	
© Completed Application (this form)  ☑ Application Fee \$7500 202.00	Site Plan indicating extent and location of additions, buildings, and other structures; indicate dimensions of freestanding signs.
<ul> <li>☑ Context Aerial and/or Site Location Map</li> <li>☑ Maricopa County Assessor's Parcel Map with site location highlighted</li> </ul>	▼ Floor Plan(s) of additions, alterations, or new structures. The floor plan shall be dimensioned and clearly delineate each potential tenant space.
Narrative describing nature of request.	☒ Elevation Drawings of buildings with sign locations indicated.
Property Owner's Authorization.	□ 3 copies of Sign Criteria
Homeowners/Property Owners Association     Approval (if applicable).	☑ Other: N/A
Please Note: After staff review, it may be determined that this request requires approval by the Development Review Board through the public hearing process. Any fees paid shall apply toward the fee for this process. If approved at staff level, this approval expires twelve (12) months from date of approval if a permit is required but has not been issued.	
Applicant Signature	<u> 5/16/0つ</u> Date
Planning & Development Services Department 7447 E Indian School Road, Suite 100, Scottsdale, AZ 85251 • Phone: 480-312-2500 • Fax: 480-312-7088	

APP-MSP-SA

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Revision Date: 3-Apr-06