



# Master Sign Program Staff Approval

## Application & Submittal Requirements

Project Number:	Case Number:	Staff Coordinator:
<u>120 - PA - 2009</u>	<u>4 - MS - 2009</u>	<u>ANDREW CHIL</u>

Please check one of the following: ☐ New Master Sign Program ☒ Amendment to Existing Master Sign Program

Project Name: AGUA CALIENTE MASTER SIGN PROGRAM AMENDMENT

Project Address: 6990 E. SHEA BLVD. Zip Code: 85254

Current Zoning District: C-2(C) Parcel Number(s): 175-41-018 + 175-41-019 Quarter Section: 29-44

Request: Revise current MSP - see attached for aqua Caliente!

Associated Case(s): 70-DR-1986 #2, 70-DR-1986 #3, 70-DR-1986 #4, 70-DR-1986

Owner: _____	Applicant: <u>craig music</u>
Company: <u>Personal Touch Services, Inc.</u>	Company: <u>Arizona Commercial Signs</u>
Phone: <u>602-588-0899</u> Fax: <u>602-547-8996</u>	Phone: <u>480-921-9900</u> Fax: <u>602-437-8073</u>
E-mail: _____	E-mail: <u>cmusic@arizonacommercialsigns.com</u>
Address: <u>P.O. Box 88033 - Phx - AZ 85080</u>	Address: <u>4018 E. Winslow - Phoenix - AZ 85040</u>

### Submittal Requirements: Please submit three (3) copies of the materials requested below.

<input checked="" type="checkbox"/> Completed Application (this form) <u>#95-20</u>	<input checked="" type="checkbox"/> Site Plan indicating extent and location of signage, additions, buildings, and other structures; indicate dimensions of all freestanding signs.
<input checked="" type="checkbox"/> Application Fee (fees subject to change every July)	<input checked="" type="checkbox"/> Floor Plan(s) of existing building or buildings within a commercial center. The floor plan shall be dimensioned and clearly delineate each potential tenant space.
<input checked="" type="checkbox"/> Context Aerial and/or Site Location Map	<input checked="" type="checkbox"/> Elevation Drawings of all buildings with sign locations indicated.
<input checked="" type="checkbox"/> Narrative describing nature of request	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Property Owner Authorization Letter	
<input checked="" type="checkbox"/> Homeowners/Property Owners Association Approval Letter (if applicable)	
<input checked="" type="checkbox"/> Sign Criteria Regulations & Language	

**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.

<u>Canya Lane</u> Applicant Signature	<u>03/10/09</u> Date
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Official Use Only:	
Submittal Date: <u>03/10/09</u>	City Staff Signature: <u>Andrew Chil</u>

### Planning & Development Services Department

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-2500 • Fax: 480-312-7088