Project Application

Project Number: ____ - PA - ____ **Case Number:** ____ - ____ - ____ **Date:** ____

Staff Signature required PRIOR to submittal

This Document Constitutes A Public Disclosure Under ARS Section 39-121, Inspection of Public Records

Applicant to Complete Section Below

Case Type:

- ☐ Abandonment (AB)
- ☐ Changes to a Recorded Plat (PC)
- ☐ Change to Existing Lots (PC)
- ☐ Development Review (DR)
- ☐ General Plan Amendment (GP)
- ☐ Master Plan Map (MP)
- ☐ Master Sign Program (MS)
- ☐ Minor Subdivision (MD)
- ☐ Preliminary Plat (PP)
- ☐ Other: ____
- ☐ Rezoning (ZN)
- ☐ Text Amendment (TA)
- ☑ Use Permit (UP)
- ☐ Variance (BA)

Project Name: Taxonomy Healing Practices

Project Address: 5900 N. Granite Reef Rd, #107 and #115 Scottsdale, AZ 85250

Current Zoning District: C-O **Parcel Number(s):** 173 - 02 - 001 - E **Quarter Section:** ____ - ____

Request: conditional use permit to allow the operation of a medical marijuana dispensary

The property owner shall designate an agent 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: Martin Pollack, a managing parnter
Company: Park Plaza, LLC
Phone: ____ Fax: ____
E-mail: ____
Address: 5900 N. Granite Reef Rd, #200
Scottsdale, AZ 85250

Developer: TJ Claassen
Company: ____
Phone: 602-330-4464 Fax: ____
E-mail: tj@theodoreclaassen.com
Address: 7154 E. Stetson Dr, #300
Scottsdale,AZ 85250

Architect: Jeff Innes
Company: Phoenix Architectures
Phone: 480-477-1111 Fax: ____
E-mail: jeffi@phxarch.com
Address: 7507 E. Macdonald Dr, #8
Scottsdale, AZ 85250

Engineer: ____
Company: ____
Phone: ____ Fax: ____
E-mail: ____
Address: ____

Applicant Contact: Court Rich Phone: 480-505-3937
Applicant E-mail: crich@roselawgroup.com Fax: 480-505-3925
Applicant Address: 6613 N. Scottsdale Rd., #200 Scottsdale, AZ 85250

Owner Signature

Applicant Signature

OFFICIAL USE ONLY

Staff Signature: ____ E-mail: ____@ScottsdaleAZ.gov 480-312-____

This application needs a: ☐ New Project Number or ☐ Old Project Number: ____ Date: ____

Planning & Development Services Department
7447 E. Indian School Road, Suite 100, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088

24-UP-2011
1st: 4/18/2011