



Project Application

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

Date: _____

Project No.: 816-PA-07

Coordinator: D. HADDER

Case No.: 2-PP-08

- Case Type:**
- | | | |
|---|--|--|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Rezoning | <input checked="" type="checkbox"/> Preliminary Plat |
| <input type="checkbox"/> Use Permit | <input checked="" 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: SERENO CANYON 4B Associated Case(s): 22-PP-05

Project Address: NWC OF PINNACLE PEAK RD. (ALIGN.) & 126TH ST. (ALIGN.)

Current Zoning District: R1-130 ESL **Parcel Number(s):** 217-01-011A **Quarter Section:** 45-58

Request: PRELIMINARY PLAT FOR A SINGLE FAMILY 6 LOT SUBDIVISION

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: THERESA FRANKIEWICZ
 Company: MCDOWELL MOUNTAIN BACK BOWL, LLC
 Phone: 630-851-5490 Fax: 630-898-0480
 E-mail: _____
 Address: 1751A W. DIEHL RD. NAPPERVILLE, IL 60563

Developer Contact: N/A
 Company: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Address: _____

Architect Contact: N/A
 Company: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Address: _____

Engineer Contact: CURTIS BROWN P.E.
 Company: WOOD/PATEL
 Phone: 602.335.8500 Fax: 602.3358580
 E-mail: _____
 Address: 2051 W. NORHTERN, SUITE 100

Applicant Contact: DAVID GULINO / Tom RIEF Company: LAND DEVELOPMENT SERVICES L.L.C
 E-mail: dgulino@lds-services.net / Tom@LDSservices.net Phone: (480) 946-5020 Fax: 480.946.5041
 Address: 5635 SCOTTSDALE RD. SUITE # 130

[Signature]
 Owner Signature _____ Date _____

[Signature] 1/17/08
 Applicant Signature _____ Date _____

OFFICIAL USE ONLY
 Coordinator Signature: [Signature] E-mail: _____ @ScottsdaleAZ.gov Phone: 480-312-7600
 This application needs a: New Project Number or Old Project Number: _____ Date: _____

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