

Development Application



Development Application Type:

Please check the appropriate box of the Type(s) of Application(s) you are requesting

Zoning	Development Review	Signs
<input type="checkbox"/> Text Amendment (TA)	<input type="checkbox"/> Development Review (Major) (DR)	<input type="checkbox"/> Master Sign Program (MS)
<input type="checkbox"/> Rezoning (ZN)	<input type="checkbox"/> Development Review (Minor) (SA)	<input type="checkbox"/> Community Sign District (MS)
<input type="checkbox"/> In-fill Incentive (II)	<input type="checkbox"/> Wash Modification (WM)	Other:
<input type="checkbox"/> Conditional Use Permit (UP)	<input type="checkbox"/> Historic Property (HP)	<input type="checkbox"/> Annexation/De-annexation (AN)
Exemptions to the Zoning Ordinance	Land Divisions (PP)	
<input type="checkbox"/> Hardship Exemption (HE)	<input type="checkbox"/> Subdivisions	<input type="checkbox"/> General Plan Amendment (GP)
<input type="checkbox"/> Special Exception (SX)	<input type="checkbox"/> Condominium Conversion	<input type="checkbox"/> In-Lieu Parking (IP)
<input type="checkbox"/> Variance (BA)	<input type="checkbox"/> Perimeter Exceptions	<input checked="" type="checkbox"/> Abandonment (AB)
<input type="checkbox"/> Minor Amendment (MA)	<input type="checkbox"/> Plat Correction/Revision	Other Application Type Not Listed

Project Name: Khan Residence

Property's Address: 10634 E. Cholla Lane

Property's Current Zoning District Designation: R1-43

The property owner shall designate an agent/applicant for the Development Application. This person shall be the owner's contact for the City regarding this Development Application. The agent/applicant shall be responsible for communicating all City information to the owner and the owner application team.

Owner: A.K. Khan	Agent/Applicant: Jeff Wagner
Company:	Company: Wagner Architects, llc
Address: 10634 E. Cholla Lane	Address: 2930 E. Northern Avenue, Ste. Phoenix Az
Phone: 602-689-5187 Fax:	Phone: (602) 689-5187 Fax:
E-mail: ak@kkcpallc.com	E-mail: wagnerarch@msn.com
Designer:	Engineer:
Company:	Company:
Address:	Address:
Phone: Fax:	Phone: Fax:
E-mail:	E-mail:

Please indicate in the checkbox below the requested review methodology (please see the descriptions on page 2).

- This is not required for the following Development Application types: AN, AB, BA, II, GP, TA, PE and ZN. These applications¹ will be reviewed in a format similar to the Enhanced Application Review methodology.

<input type="checkbox"/> Enhanced Application Review:	I hereby authorize the City of Scottsdale to review this application utilizing the Enhanced Application Review methodology.
<input type="checkbox"/> Standard Application Review:	I hereby authorize the City of Scottsdale to review this application utilizing the Standard Application Review methodology.

Owner Signature

Agent/Applicant Signature

Official Use Only

Submittal Date:

Development Application No.:

Planning and Development Services

7447 East Indian School Road Suite 105, Scottsdale, Arizona 85251 Phone: 480-312-7000 Fax: 480-312-7088

City of Scottsdale's Website: www.scottsdaleaz.gov