## Development Application 782 · PA · 2022

**Development Application** 



Revision Date: 5/10/2018

Development Application Type:  Please check the appropriate box of the Type(s) of Application(s) you are requesting			
Zoning	Development Review		nd Divisions
Rezoning (ZN)	Development Review (Major) (DR)		Subdivision (PP)
☐ In-fill Incentive (II)	Development Review (Minor) (SA)		Subdivision (Minor) (MD)
☐ Conditional Use Permit (UP)	☐ Wash Modification (WM)		Land Assemblage
☐ Text Amendment (TA)	☐ Historic Property (HP)		her
☐ Development Agreement (DA)	Wireless Communication Facilities		Annexation/De-annexation (AN)
Exceptions to the Zoning Ordinance	☐ Small Wireless Facilities (SW)		General Plan Amendment (GP)
☐ Minor Amendment (MN)	☐ Type 2 WCF DR Review Minor (SA)		In-Lieu Parking (IP)
☐ Hardship Exemption (HE)	Signs		Abandonment (AB)
☐ Variance/Accommodation/Appeal (BA)	☐ Master Sign Program (MS)		her Application Type Not Listed
☐ Special Exception (SX)	☐ Community Sign District (MS)		Other:
Project Name: Frank Lloyd Wright BIVD RESIDENTIAL Healthcare (Headwaters)			
Property's Address: 13870 N. Frank Llayd Wright BlVd (14.2N.2022)			
Property's Current Zoning District Designation: PNC PCD / Request Pending: C.O PCD			
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: South West Commercial & Agent/Applicant:		Applicant: Jeff	Hoffman
Gompany: Belmmt Village Company: He		ry: Herdway	ters Group.
		Address:	
Phone: MHCA WATCH Fax: Pl		Phone: 312-617-5736 Fax:	
		jetf.hoftm	in C head waters grp. um
Designer: HAVSh Pav I Ph Engi		Engineer: Thung Murgetts	
Company: Company: 1/		- J	TTOVY 2 ASSIC.
Address: Address:		1/00 000	uch
Phone: 489-198-11Eax: Phone: 480-20			V8U Fax:
E-mail: havsh p santulan who. com  E-mail: stevling. margetts e finley-hav  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			
applications <sup>1</sup> will be reviewed in a format similar to the Enhanced Application Review methodology.			
Enhanced Application Review:  I hereby authorize the City of Scottsdale to review this application utilizing the Enhanced Application Review methodology.			
Standard Application Review:  I hereby authorize the City of Scottsdale to review this application utilizing the Standard Application Review methodology.			
Su letter of authorization  Owner Signature  Owner Signature  Agent/Applicant Signature			
Owner Signature Agent/Applicant Signature			
Official Use Only Submittal Date:	Develop	Development Application No.:	
Planning and Development Services			
7447 East Indian School Road Suite 105, Scottsdale, Arizona 85251 • www.ScottsdaleAZ.gov			

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