

Development Application


Development Application Type:

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

Zoning	Development Review	Land Divisions
<input type="checkbox"/> Rezoning (ZN)	<input type="checkbox"/> Development Review (Major) (DR)	<input type="checkbox"/> Subdivision (PP)
<input type="checkbox"/> In-fill Incentive (II)	<input type="checkbox"/> Development Review (Minor) (SA)	<input type="checkbox"/> Subdivision (Minor) (MD)
<input checked="" type="checkbox"/> Conditional Use Permit (UP)	<input type="checkbox"/> Wash Modification (WM)	<input type="checkbox"/> Land Assemblage
<input type="checkbox"/> Text Amendment (TA)	<input type="checkbox"/> Historic Property (HP)	Other
<input type="checkbox"/> Development Agreement (DA)	Wireless Communication Facilities	<input type="checkbox"/> Annexation/De-annexation (AN)
Exceptions to the Zoning Ordinance	<input type="checkbox"/> Small Wireless Facilities (SW)	<input type="checkbox"/> General Plan Amendment (GP)
<input type="checkbox"/> Minor Amendment (MN)	<input type="checkbox"/> Type 2 WCF DR Review Minor (SA)	<input type="checkbox"/> In-Lieu Parking (IP)
<input type="checkbox"/> Hardship Exemption (HE)	Signs	<input type="checkbox"/> Abandonment (AB)
<input type="checkbox"/> Variance/Accommodation/Appeal (BA)	<input type="checkbox"/> Master Sign Program (MS)	Other Application Type Not Listed
<input type="checkbox"/> Special Exception (SX)	<input type="checkbox"/> Community Sign District (MS)	<input type="checkbox"/> Other:

Project Name: _____

Project Address: _____

Property's Current Zoning District Designation: _____

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: Shipp Family		Agent/Applicant:	
Company: Motor McDowell Holdings, LLC		Company:	
Address: PO Box 356, Scottsdale, AZ 85252		Address:	
Phone: 480 994-9762	Fax:	Phone:	Fax:
E-mail: blen@mac.com		E-mail:	
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 checked="" 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
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Official Use Only: Submittal Date: _____

Development Application No.: _____

Planning and Development Services

7447 E. Indian School Road, Suite #105, Scottsdale, AZ 85251 • www.ScottsdaleAZ.gov