

# 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 checked="" 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"/> General Plan Amendment (GP)
<input type="checkbox"/> Hardship Exemption (HE)	<input type="checkbox"/> Subdivisions	<input type="checkbox"/> In-Lieu Parking (IP)
<input type="checkbox"/> Special Exception (SX)	<input type="checkbox"/> Condominium Conversion	<input type="checkbox"/> Abandonment (AB)
<input type="checkbox"/> Variance (BA)	<input type="checkbox"/> Perimeter Exceptions	Other Application Type Not Listed
<input type="checkbox"/> Minor Amendment (MA)	<input type="checkbox"/> Plat Correction/Revision	<input type="checkbox"/>

**Project Name:** Banner Health Center Plus

**Property's Address:** West of the SWC of SR101 & Hayden Road (a portion of Maricopa County APN 215-07-209H)

**Property's Current Zoning District Designation:** P-C C-2


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.

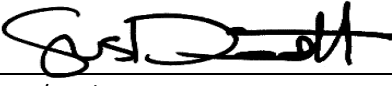
<b>Owner:</b> Banner Health, a nonprofit corporation	<b>Agent/Applicant:</b> Susan E. Demmitt
<b>Company:</b> Banner Health	<b>Company:</b> Gammage & Burnham PLC
<b>Address:</b> 2901 N. Central Ave., Suite 160, Phoenix, AZ 85012	<b>Address:</b> 40 N. Central Ave., 20th Floor, Phoenix, AZ 85004
<b>Phone:</b> 818 / 422.9122 <b>Fax:</b>	<b>Phone:</b> 602 / 256.4456 <b>Fax:</b>
<b>E-mail:</b> Troy.Freeman@bannerhealth.com	<b>E-mail:</b> sdemmitt@gblaw.com
<b>Designer:</b> Mark Koechling	<b>Engineer:</b> Shannon Mauck, P.E.
<b>Company:</b> SmithGroup	<b>Company:</b> Dibble Corp
<b>Address:</b> 455 N. 3rd St., Suite 250, Phoenix, AZ 85004	<b>Address:</b> 1626 N. Litchfield Rd., Suite 150, Goodyear, AZ 85395
<b>Phone:</b> 602 / 478.7759 <b>Fax:</b>	<b>Phone:</b> 623 / 935.2258 <b>Fax:</b>
<b>E-mail:</b> mark.koechling@smithgroup.com	<b>E-mail:</b> shannon.mauck@dibblecorp.com

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.

  
 \_\_\_\_\_  
 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 www.ScottsdaleAZ.gov