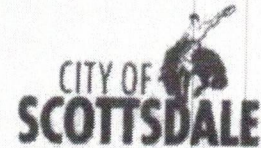


Development Application



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 checked="" 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: Ryan Jocque	Agent/Applicant: Jeffrey Craig Miller
Company: GOOD HEAVENS, LLC	Company: Arizona Liquor Industry Consultants
Address: 4439 N Saddlebag Trail	Address: 1811 South Alma School Rd, Mesa, AZ
Phone: 3' Fax: _____	Phone: 480-730-2675 Fax: 480-730-2676
E-mail: INFO@JOCQUECONCEPTS.COM	E-mail: liquorlicense@azlic.com
Designer: AV3 DESIGN - ARTIE VIGIL	Engineer: NA
Company: _____	Company: _____
Address: _____	Address: _____
Phone: 602-326-3387 Fax: _____	Phone: _____ Fax: _____
E-mail: AV3DESIGN@GMAIL.COM	E-mail: _____

Please indicate in the check box 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, PE and ZN. These applications 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 E. Indian School Road, Suite #106, Scottsdale, AZ 85251 • www.scottsdaleaz.gov