

# Development Application

763.PA.2022



### Development Application Type:

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

Zoning	Development Review	Land Divisions
<input checked="" 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 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)	<b>Other</b>
<input type="checkbox"/> Development Agreement (DA)	<b>Wireless Communication Facilities</b>	<input type="checkbox"/> Annexation/De-annexation (AN)
<b>Exceptions to the Zoning Ordinance</b>	<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)	<b>Signs</b>	<input type="checkbox"/> Abandonment (AB)
<input type="checkbox"/> Variance/Accommodation/Appeal (BA)	<input type="checkbox"/> Master Sign Program (MS)	<b>Other Application Type Not Listed</b>
<input type="checkbox"/> Special Exception (SX)	<input type="checkbox"/> Community Sign District (MS)	<input type="checkbox"/> Other: _____

Project Name: Northsight Residential Health Care  
 Property's Address: 13875 N. Northsight Blvd  
 Property's Current Zoning District Designation: C.2 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: <u>Ben Johnson</u>	Agent/Applicant: <u>John Barry / Michele H.</u>
Company: <u>Northsight Partners</u>	Company: <u>Berry Riddell</u>
Address: <u>13556 N. 96th Place</u>	Address: <u>10750 E. Camelback #100</u>
Phone: <u>480.628.2530</u> Fax: <u>Scot, AZ</u>	Phone: <u>480.385.2753</u> Fax: <u>Scot, AZ</u>
E-mail: <u>ben@kbdevco.com</u>	E-mail: <u>mhp@berryriddell.com</u>
Designer: <u>Michael Edwards</u>	Engineer: <u>Ali Fakih</u>
Company: <u>DAVIS</u>	Company: <u>SEG</u>
Address: _____	Address: _____
Phone: <u>602.448.1994</u> Fax: _____	Phone: <u>480.588.7226</u> Fax: _____
E-mail: <u>medwards@thedavisexperience.com</u>	E-mail: <u>ali@azseg.com</u>

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.

See letter of authorization  
 Owner Signature

Michele Hammer  
 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