Development Application

CITY OF SCOTTSDALE

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

Zoning	Development Review	Land 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)	**Other**
☐ 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)	**Other Application Type Not Listed**
☐ Special Exception (SX)	☐ Community Sign District (MS)	☐ Other:

Project Name: Old Town Tavern
Project Address: 7330 E. Main St., Ste. 102 Scottsdale AZ 85251
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: Paul Mitchell	**Agent/Applicant:** Cameron Morgan
Company: Miccio Enterprises, LLC	**Company:** Attorney at Law
Address: 8102 E. Foothills Dr.	**Address:** 6619 N. Scottsdale Rd.
Phone: 480-275-9989 **Fax:**	**Phone:** 480-990-9507 **Fax:**
E-mail: psmiccio@aol.com	**E-mail:** camerona.morgan@hotmail.com
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 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.:** _____