

**Correspondence Between
Staff and Applicant
Approval Letter**



December 5, 2016

C. Michael Colburn
CSI Solutions
1817 E Southern Ave Ste 206
Tempe, AZ 85282

Re: 427-PA-2015
9-UP-2015#2
Level Up

Dear C. Michael Colburn,

This is to advise you that the case referenced above was approved at the December 2, 2016 City Council meeting. The Resolution No. 10654 may be obtained from the City Clerk's office or city website @ <https://eservices.scottsdaleaz.gov/eServices/ClerkDocs/Default.aspx>.

Please remove the red hearing sign as soon as possible. If you have any questions, please contact me at 480-312-2258.

Sincerely,

Bryan Cluff
Senior Planner



Community & Economic Development Division
Planning, Neighborhood & Transportation

7447 East Indian School Road
Scottsdale, Arizona 85251

Date: 10-3-2016
Contact Name: C. MICHAEL COLBURN
Firm name: CSI SOLUTIONS
Address: 1817 E. SOUTHERN AVE. #206
City, State Zip: TEMPE, AZ 85282

RE: Application Accepted for Review.
433 - PA-2016

Dear C. MICHAEL COLBURN:

It has been determined that your Development Application for LEVEL UP
has been accepted for review.

Upon completion of the Staff's review of the application material, I will inform you in writing or electronically either: 1) the steps necessary to submit additional information or corrections; 2) the date that your Development Application will be scheduled for a public hearing or, 3) City Staff will issue a written or electronic determination pertaining to this application. If you have any questions, or need further assistance please contact me.

Sincerely,

Name: BRYAN CLUFF
Title: SR. PLANNER
Phone number: 480-312-2258
Email address: bcluff@scottsdaleaz.gov

9-UP-2015#2
10/03/16



**Community & Economic Development Division
Planning, Neighborhood & Transportation**

7447 East Indian School Road
Scottsdale, Arizona 85251

Date: _____
Contact Name: _____
Firm name: _____
Address: _____
City, State Zip: _____

RE: Minimal Submittal Comments
_____ - PA- _____

Dear _____:

It has been determined that your Development Application for _____ does not contain the minimal information, and has not been accepted for review.

Please refer to the application checklist and the Minimal Information to be Accepted for Review Checklist, and the Plan & Report Requirements pertaining to the minimal information necessary to be accepted for review.

PLEASE CALL 480-312-7000 TO SCHEDULE A RESUBMITTAL MEETING WITH ME PRIOR TO YOUR PLANNED RESUBMITTAL DATE. DO NOT DROP OFF ANY RESUBMITTAL MATERIAL WITHOUT A SCHEDULED MEETING. THIS WILL HELP MAKE SURE I'M AVAILABLE TO REVIEW YOUR RESUBMITTAL AND PREVENT ANY UNNECESSARY DELAYS. RESUBMITTAL MATERIAL THAT IS DROPPED OFF MAY NOT BE ACCEPTED AND RETURNED TO THE APPLICANT.

These **Minimal Submittal Comments** are valid for a period of 180 days from the date on this letter. The Zoning Administrator may consider an application withdrawn if a revised submittal has not been received within 180 days of the date of this letter (Section 1.305. of the Zoning Ordinance).

Sincerely,

Name: _____
Title: _____
Phone number: _____
Email address: _____