



Project Application

Schedule a meeting with your project coordinator before submitting your application.

Date: _____ Project No.: 177 - PA - 2005
Coordinator: _____ Case No.: _____

- Case Type:**
- | | | |
|---|---|--|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Rezoning | <input type="checkbox"/> Preliminary Plat |
| <input checked="" type="checkbox"/> Use Permit | <input type="checkbox"/> Development Review | <input type="checkbox"/> Master Sign Program |
| <input type="checkbox"/> Land Division | <input type="checkbox"/> Variance | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Text Amendment | <input type="checkbox"/> Other: _____ | |

Project Name: Silverstone Associated Case(s): 7-GP-2005
Project Address: SEC Scottsdale & Pinnacle Peak Roads
Current Zoning District: W-P Parcel Number(s): 212-02-001-E Quarter Section: 14-45
Request: A USE PERMIT FOR A MINIMAL HEALTH CARE FACILITY.

The property owner shall designate an agent as the coordinator for the project. This person (the applicant) shall attend pre-application conferences and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required.
All contact for this project will be made through the applicant listed below.

Owner Contact: Michael Pacheco
Company: RHVT Limited Partnership
Phone: 602-230-1051 Fax: 602-230-2826
E-mail: mpacheco@rtaig.com
Address: 1550 E. Missouri, Ste. 300
Phoenix, AZ 85014

Developer Contact: See Owner
Company: _____
Phone: _____ Fax: _____
E-mail: _____
Address: _____

Architect Contact: Larry Heiny
Company: H&S International
Phone: 480-585-6898 Fax: 480-585-2298
E-mail: lheiny@handsinternational.com
Address: 17785 N. Pacesetter Way Scottsdale
85225

Engineer Contact: Darrel Wood
Company: Wood Patel & Associates
Phone: 602-335-8500 Fax: 602-335-8580
E-mail: _____
Address: _____

Applicant Contact: John Berry
E-mail: _____
Address: 6750 E. Camelback Rd. Scottsdale, AZ 85251

Company: Berry & Damore
Phone: 480-385-2727 Fax: 480-385-2757

Tana Kaitiy _____
 Owner Signature Date

 Applicant Signature Date

OFFICIAL USE ONLY

Coordinator Signature: [Signature] E-mail: TCURPS@ScottsdaleAZ.gov Phone: 480-312-4260
This application needs a: New Project Number or Old Project Number: _____ Date: 7/1/2005

Planning and Development Services Department

7447 E Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088