

# Development Application



## Development Application Type:

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

Zoning	Development Review	Signs
<input checked="" type="checkbox"/> Text Amendment (TA)	<input type="checkbox"/> Development Review (Major) (DR)	<input type="checkbox"/> Master Sign Program (MS)
<input type="checkbox"/> Rezoning (ZN)	<input type="checkbox"/> Development Review (Minor) (SA)	<input type="checkbox"/> Community Sign District (MS)
<input type="checkbox"/> In-fill Incentive (II)	<input type="checkbox"/> Wash Modification (WM)	Other:
<input type="checkbox"/> Conditional Use Permit (UP)	<input type="checkbox"/> Historic Property (HP)	<input type="checkbox"/> Annexation/De-annexation (AN)
Exemptions to the Zoning Ordinance	Land Divisions (PP)	<input type="checkbox"/> General Plan Amendment (GP)
<input type="checkbox"/> Hardship Exemption (HE)	<input type="checkbox"/> Subdivisions	<input type="checkbox"/> In-Lieu Parking (IP)
<input type="checkbox"/> Special Exception (SX)	<input type="checkbox"/> Condominium Conversion	<input type="checkbox"/> Abandonment (AB)
<input type="checkbox"/> Variance (BA)	<input type="checkbox"/> Perimeter Exceptions	Other Application Type Not Listed
<input type="checkbox"/> Minor Amendment (MA)	<input type="checkbox"/> Plat Correction/Revision	<input type="checkbox"/>

Project Name: Legal Protest Text Amendment

Property's Address: Citywide

### 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:	Agent/Applicant: Brad Carr
Company:	Company: City of Scottsdale
Address:	Address: 7447 E. Indian School Road, Ste 105
Phone:                      Fax:	Phone: 480-312-7713                      Fax:
E-mail:	E-mail: bcarr@scottsdaleaz.gov
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<sup>1</sup> will be reviewed in a format similar to the Enhanced Application Review methodology.

<input checked="" type="checkbox"/> Enhanced Application Review:	I hereby authorize the City of Scottsdale to review this application utilizing the Enhanced Application Review methodology.
<input type="checkbox"/> 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

Submission Date: \_\_\_\_\_

Development Application No.: \_\_\_\_\_

### Planning and Development Services

7447 East Indian School Road Suite 105, Scottsdale, Arizona 85251 Phone: 480-312-7000 Fax: 480-312-7088

City of Scottsdale's Website: [www.scottsdaleaz.gov](http://www.scottsdaleaz.gov)