

PLANNING

Development Services Department



MASTER APPLICATION

Please check ALL of the applications that you are applying for:

- | | | |
|---|---|---|
| ☐ Zoning Clearance Letter (ZCL) | ☐ Design Review (DR) – Minor | ☐ Variance (VAR) |
| ☐ Zoning Interpretation Letter (ZIL) | ☐ Design Review Waiver (DRW) | ☐ Glendale Centerline Overlay District |
| ☐ Zoning Verification Letter (ZVL) | ☐ General Plan Amendment (GPA) | ☐ Temporary Use Permit (TUP) |
| ☐ Administrative Relief (ARF) | ☐ Rezoning (ZON) | ☐ Other _____ |
| ☐ Administrative Review (ARW) | ☐ Zoning Text Amendment (ZTA) | |
| ☐ Conditional Use Permit (CUP) | ☐ Preliminary Plat (PP) | |
| ☐ Design Review (DR) - Major | ☐ Final Plat (FP) | |

Project Name: _____

Project Request: _____

Property Address: _____ Gross Acres: _____

Major Cross Streets: _____ APN: _____

Council District: _____

Current Zoning District: _____ Current General Plan Designation: _____

PROPERTY OWNER

Name: _____ Authorized Agent: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

(Print or type name of owner of record)

(Signature of owner of record)

(Date)

TO REPRESENT ME IN THIS APPLICATION, I GIVE AUTHORIZATION TO:

Representative Name: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____