

## Application Information Form

*This form is part of the rezoning/special permit submittal requirement. For additional information, please call the Planning Department at 602-262-7131, option #6.*

### DEVELOPMENT SERVICES PRE-APPLICATION MEETING

**KIVA NUMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Please have the following information filled out before filing your application. This will assist staff when entering data on our computer system.**

Zoning Map Amendment       Special Permit       Other

Property Location:					
To Be Changed From:			To:		
Proposed Use:					
Council District:			Village:		
Legal Description:					
Tax Parcel Number(s):			Gross Acreage:		
Zoning Map:			TAZ (Traffic Area Zone):		
Quarter Section:			Census Tract:		
Property Owner:					
Mailing Address:					
City:		State:		Zip:	
Phone:		Fax:		Email:	
Applicant:					
Mailing Address:					
City:		State:		Zip:	
Phone:		Fax:		Email:	
Representative:					
Mailing Address:					
City:		State:		Zip:	
Phone:		Fax:		Email:	
Adjacent Jurisdiction to be Notified:					