



Date: _____

Project Information:

Project Name: _____

Project Address: _____

Project File Numbers: _____

Other Files (i.e., lot split, plat, abandonment, zoning case):

Type(s) of Permit(s) Being Requested:

Outstanding Development Requirements:

Eligibility Criteria per Policy: _____ Requesting Department Director (if applicable): _____

Rationale for Request:

Property Owner/Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

Applicant Signature:

Check One: Owner Contractor Other _____

Company Name: _____

Contact Person: _____ Phone: _____ Fax: _____

-----Staff Use Only-----

Staff Recommendation: Approval Denial Date: _____

Stipulations/Rationale:

Team Supervisor: _____ Dep Dir/Manager: _____

DSD Director (if applicable): _____

This publication can be made available in alternate formats (Braille, large print, computer diskette, or audiotape) upon request. Contact the Development Services Department at (602) 262-7811 voice or (602) 534-5500 TTY.