



## **DEVELOPMENT REVIEW APPLICATION**

Effective 4/17/19

Please check the appropriate box and refer to supplemental forms for submittal requirements. All fees must be paid at the time of application.								
Administrative Decisions	D	Decisions Requiring a Public Meeting or Hearing				Policy Decisions		
☐ Archaeological Certificate (Form P3		☐ Site Plan – EPC including any Variances – EPC (Form P1)				☐ Adoption or Amendment of Comprehensive Plan or Facility Plan <i>(Form Z)</i>		
☐ Historic Certificate of Appropriateness – Minor (Form L)			☐ Master Development Plan (Form P1)			☐ Adoption or Amendment of Historic Designation <i>(Form L)</i>		
□ Alternative Signage Plan (Form P3) □ Historic Certificate of Appropriateness – (Form L)				propriateness – Major	☐ Amendment of IDO Text (Form Z)			
☐ Alternative Landscape Plan (Form P3) ☐ Demolition Outside of HI				PO (Form L)	□ Anr	Annexation of Land (Form Z)		
☐ Minor Amendment to Site Plan (For	ent to Site Plan (Form P3)			Design Standards and Guidelines (Form L)		Amendment to Zoning Map – EPC (Form Z)		
WTF Approval (Form W1) ☐ Wireless Telecomr (Form W2)				nications Facility Waiver		☐ Amendment to Zoning Map – Council (Form Z)		
					Appeals			
						☐ Decision by EPC, LC, ZHE, or City Staff (Form A)		
APPLICATION INFORMATION								
Applicant:					Ph	Phone:		
Address:					En	Email:		
City:				State:	Zip:			
Professional/Agent (if any):					Ph	Phone:		
Address:					En	Email:		
City:		State:		Zip:				
Proprietary Interest in Site:				List <u>al</u> l owners:				
BRIEF DESCRIPTION OF REQUEST								
SITE INFORMATION (Accuracy of the existing legal description is crucial! Attach a separate sheet if necessary.)								
Lot or Tract No.:				Block:	Ur	Unit:		
Subdivision/Addition:				MRGCD Map No.:	UF	UPC Code:		
Zone Atlas Page(s):			Existing Zoning:			Proposed Zoning:		
# of Existing Lots:			# of Proposed Lots:			Total Area of Site (acres):		
LOCATION OF PROPERTY BY STREETS								
Site Address/Street:			Between:			and:		
CASE HISTORY (List any current or prior project and case number(s) that may be relevant to your request.)								
Signature:					Da	Date:		
Printed Name:					☐ Applicant or ☐ Agent			
FOR OFFICIAL USE ONLY								
Case Numbers Action		Fees		Case Numbers		Action	Fees	
Meeting/Hearing Date:					Fe	Fee Total:		
Staff Signature: Date:					Pro	Project #		