



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	De	Decisions Requiring a Public Meeting or Hearing				olicy Decisions			
☐ Archaeological Certificate (Form P:		☐ Site Plan – EPC including any Variances – EPC (Form P1)				Adoption or Amendment of Comprehensive Plan or Facility Plan (Form Z)			
☐ Historic Certificate of Appropriateness – Minor (Form L)						Adoption or Amendment of Historic designation (Form L)			
☐ Alternative Signage Plan (Form P3) ☐ Historic Certificate of Appropriater (Form L)				propriateness – Major	☐ Amendment of IDO Text (Form Z)				
☐ Minor Amendment to Site Plan (For	Amendment to Site Plan (Form P3) □ Demolition Outside of H				□ Ann	Annexation of Land (Form Z)			
☐ WTF Approval (Form W1)	oval (Form W1)			toric Design Standards and Guidelines (Form L)			Amendment to Zoning Map – EPC (Form Z)		
	☐ Wireless Telecommunica (Form W2)			ations Facility Waiver		☐ Amendment to Zoning Map – Council (Form Z)			
					Appeals				
						☐ Decision by EPC, LC, ZHE, or City Staff (Form A)			
APPLICATION INFORMATION									
Applicant:					Phone:				
Address:					Email:				
City:				State: Zip:					
Professional/Agent (if any):					Phone:				
Address:						Email:			
City:				State:		lip:			
Proprietary Interest in Site:				List <u>all</u> 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:			Unit:			
Subdivision/Addition:				MRGCD Map No.:	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: B			Between: a			and:			
CASE HISTORY (List any current or prior project and case number(s) that may be relevant to your request.)									
Signature:					Date:				
Printed Name:					☐ Applicant or ☐ Agent				
FOR OFFICIAL USE ONLY									
Case Numbers	Action		Fees	Case Numbers		Action	Fees		
Meeting/Hearing Date:					Fee Total:				
Staff Signature: Date:					Pro	Project #			