



# PLANNING

## Development Services Department

Date Stamp

### MASTER APPLICATION

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

- |   |   |
|---|---|
| <input type="checkbox"/> Administrative Relief  | <input type="checkbox"/> Glendale Centerline Overlay District                 |
| <input type="checkbox"/> Administrative Review  | <input type="checkbox"/> Preliminary Subdivision Plat/Development Master Plan |
| <input type="checkbox"/> Annexation             | <input type="checkbox"/> Rezoning   |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Variance   |
| <input type="checkbox"/> Design Review (Major)  | <input type="checkbox"/> Zoning Interpretation                                |
| <input type="checkbox"/> Design Review (Minor)  | <input type="checkbox"/> Zoning Ordinance Text Amendment                      |
| <input type="checkbox"/> Final Subdivision Plat | <input type="checkbox"/> General Plan Amendment                               |

Project Name: \_\_\_\_\_

Project Request: \_\_\_\_\_

Property Address: \_\_\_\_\_ Gross Acres: \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_ APN: \_\_\_\_\_

Council District: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_ Current General Plan Designation: \_\_\_\_\_

### PROPERTY OWNER

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Representative Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
(Print or type name of owner of record)

\_\_\_\_\_  
(Signature of owner of record)

\_\_\_\_\_  
(Date)