



PLANNING DEPARTMENT

Community Development Group

Date Stamp

MASTER APPLICATION

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

- | | |
|------------------------------|--|
| _____ Administrative Relief | _____ General Plan Amendment |
| _____ Administrative Review | _____ Preliminary Subdivision Plat/Development Master Plan |
| _____ Annexation | _____ Rezoning |
| _____ Conditional Use Permit | _____ Variance |
| _____ Design Review | _____ Zoning Ordinance Text Amendment |
| _____ Final Subdivision Plat | _____ Zoning Interpretation |

**ATTACH AN ADDITIONAL SHEET DETAILING THE REQUEST OF EACH APPLICATION.
Individual application checklists are available at www.glendaleaz.com/planning**

Project Name: _____

Property Address: _____ Gross Acres: _____

Major Cross Streets: _____

Council District: _____

Existing Land Use: _____

PROPERTY OWNER

Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

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

Name: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

_____ (Print or type name of owner of record) _____ (Signature of owner of record) _____ (Date)

Revised: 10-26-10