



**PLANNING DEPARTMENT**  
**Community Development Group**

Date Stamp

**APPLICATION SUBMITTAL CHECKLIST for  
Zoning Ordinance Text Amendment**

**Case Number:** \_\_\_\_\_

*I acknowledge that the following items required for processing of my application are included as part of the submittal package for this application submitted to the City of Glendale Planning Department. I understand that the application will not be accepted unless all of the following items are included.*

- |    |                          | <b>Required</b>          |    |   |
|----|--------------------------|--------------------------|----|---|
|    |                          | Yes                      | No |   |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> |    | Completed Application   |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> |    | Service Request (SR) Number: <u>      <b>SR</b>      </u>   |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> |    | Applicant's Signature on Application  |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> |    | Citizen Participation Plan (2 copies)   |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> |    | Property Owners' and Interested Parties List (including Additional Notification Information) from Citizen Participation packet (2 copies on mailing labels) |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> |    | Narrative Describing Proposed Changes (including applicable Zoning Ordinance Sections) (8 copies)   |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> |    | Filing Fee: \$ <u>      </u>  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

If you have questions regarding the items on this checklist, contact your project planner.

\_\_\_\_\_  
Project Planner

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address