



**PLANNING DEPARTMENT**  
Community Development Group

Date Stamp

# APPLICATION SUBMITTAL CHECKLIST for Rezoning

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.*

**Required**

- |     | Yes                      | No                       |  |
|-----|--------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Completed Master Application   |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Service Request (SR) Number: <u>SR _____</u>   |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Applicant's Original Signature on Master Application   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Project Narrative (20 copies)  |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Citizen Participation Plan (2 copies)  |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Copy of Deed/Title (including Legal Description)   |
| 7.  | <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)  |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Master Development Plan or PRD (Planned Residential Development) Booklet (20 copies)   |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Property Survey (2 copies)*  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Single Residence Districts <input type="checkbox"/> Multiple Residence Districts<br><input type="checkbox"/> Overlay Districts (PRD, AIO, SCO, HP)<br><input type="checkbox"/> Planned Area Development District (PAD)<br><input type="checkbox"/> All Other Districts <input type="checkbox"/> Amendment to Approved Stipulation(s)<br>Filing Fee: \$ _____ + \$ _____ per acre/overlay - \$ _____ (team preapp)<br>= \$ _____ |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Site Plan Required   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <b>FOLD ALL PLANS MARKED WITH AN * TO 9" X 12"</b>   |

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Phone

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

Revised: 07-13-09