



PLANNING
Development Services Department

Date Stamp

**APPLICATION SUBMITTAL CHECKLIST for
Administrative Review or Relief**

Case Number: _____

I acknowledge that the City of Glendale requires the following items be submitted before my application can be processed. I understand that Planning will not accept my application unless all of the following items are included in the submittal package.

- | | | 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 Signature on Master Application |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | | Project Narrative (3 copies) |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | | Copy of Deed/Title (including Legal Description) |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | | Property Owner's List (on mailing labels) |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | | Site Plan, size 24" x 36", to scale (3 copies)* |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | | Building Elevations, size 24" x 36", to scale (3 copies)* |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | | Floor Plan, size 24" x 36", to scale (3 copies)* |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Commercial ARF <input type="checkbox"/> Residential ARF <input type="checkbox"/> ARW |
| | | | | Filing Fee: \$ _____ |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | | FOLD ALL PLANS MARKED WITH AN * TO 9" X 12" |

Signature

Printed Name

Company

Date

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

Project Planner

Phone

Email Address

Revised: 08/13/15