



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 | <input type="checkbox"/> Zoning Interpretation |
| <input type="checkbox"/> Final Subdivision Plat | <input type="checkbox"/> Zoning Ordinance Text Amendment |
| <input type="checkbox"/> General Plan Amendment | |

**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:

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)