



Date Stamp

APPLICATION SUBMITTAL CHECKLIST for Zoning Ordinance Text Amendment

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"/> | | Owner's Signature on Master 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