



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

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](http://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:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
(Print or type name of owner of record)                      (Signature of owner of record)                      (Date)

Revised: 08/16/11