



CASE NO. _____
Accepted by: _____
Date: _____
Acct # 101-5400-00-4458
Fees: _____

**ZONING ORDINANCE TEXT AMENDMENT
PLANNING APPLICATION
(PRE-APPLICATION REQUIRED)**

(incomplete applications, including checklist, will not be accepted)

PROJECT INFORMATION (Completed by Applicant)			
Development/Project Name:			
Address/Location:			
Parcel Number(s):	Pre-Application Meeting Date:	Pre-Application File No:	
Section:	Planner:		
Township:			
Range:			
Gross Area (Acre/sq. ft.):	Net Area (Acre/sq. ft.):	Zoning:	
APPLICANT INFORMATION (Single point of contact)			
Name:	Company:		
Address:			
City:	State:	Zip Code:	
Phone Number:	E-mail address:		
Signature of Applicant:	Date:		
PROPERTY OWNER			
Name:	Company:		
Address:			
City:	State:	Zip Code:	
Phone Number:	E-mail address:		
Signature of Property Owner:	Date:		
Review times in accordance with SB 1598 Policy			

ZONING ORDINANCE TEXT AMENDMENT SUBMITTAL CHECKLIST PRE-APPLICATION REQUIRED

I acknowledge that the following items are required for processing of my application with the City of Avondale Development Services Department. I understand that the application will be not accepted without the following items.

TO BE COMPLETED BY PLANNER		DELIVERABLES
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Completed Planning Application
<input type="checkbox"/>	<input type="checkbox"/>	Applicant's and owner's signatures on Planning Application
<input type="checkbox"/>	<input type="checkbox"/>	Filing Fee: \$890 – Team Pre-application \$_____ = \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Narrative summarizing the proposed Zoning Ordinance Text Amendment and the reason why the request is required (8 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Proposed text amendment in legislative (strikethrough/underline) format (8 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Each item on the checklist scanned to disc in PDF format; label and date the disc (1 disc)
The following review schedule shall apply for all development applications: First Review = 3 weeks; Second Review = 2 weeks; Subsequent Reviews = 2 weeks		

Signature: _____ Printed Name: _____

Company: _____ Date: _____

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

TO BE COMPLETED BY CITY OF AVONDALE STAFF	
Pre-Application Meeting Date: _____	Filing Fee: _____
Project Planner: _____	
Phone No: _____	Email: _____