



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

ZONING INTERPRETATION REQUEST PLANNING APPLICATION

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

PROJECT INFORMATION (Completed by Applicant)			
Development/Project Name:			
Address/Location:			
Parcel Number(s): Section: Township: Range:		Planner:	
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			

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"/>	Fee: \$180
<input type="checkbox"/>	<input type="checkbox"/>	Description of interpretation request (on letterhead) with supporting documentation as deemed necessary.
Please allow 15 business days to complete the request.		

Mail to:

Name: _____ Phone: _____ E-mail: _____
 Address: _____ Suite: _____
 City: _____ State: _____ Zip Code: _____

RETURN COMPLETED FORM AND FEE TO:

Zoning Administrator
 City of Avondale
 11465 West Civic Center Drive, Suite 110
 Avondale, AZ 85323