



# PLANNING

## Development Services Department

Date Stamp

### MASTER APPLICATION

Please check ALL of the applications that you are applying for:

- Zoning Clearance Letter (ZCL)
- Zoning Interpretation Letter (ZIL)
- Zoning Verification Letter (ZVL)
- Administrative Relief (ARF)
- Administrative Review (ARW)
- Conditional Use Permit (CUP)
- Design Review (DR) - Major
- Design Review (DR) – Minor
- Design Review Waiver (DRW)
- General Plan Amendment (GPA)
- Rezoning (ZON)
- Zoning Text Amendment (ZTA)
- Preliminary Plat (PP)
- Final Plat (FP)
- Variance (VAR)
- Glendale Centerline Overlay District
- Other

Project Name: \_\_\_\_\_

Project Request: \_\_\_\_\_

Property Address: \_\_\_\_\_ Gross Acres: \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_ APN: \_\_\_\_\_

Council District: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_ Current General Plan Designation: \_\_\_\_\_

### 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)