



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

## LIMITED DESIGN REVIEW APPLICATION

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

<b>PROJECT INFORMATION (Completed by Applicant)</b>			
Development/Project Name:			
Address/Location:			
Parcel Number(s): _____ Section: _____ Township: _____ Range: _____		Planner:	
Gross Area (Acre/sq. ft.):	Net Area (Acre/sq. ft.):	Zoning:	
<b>APPLICANT INFORMATION (Single point of contact)</b>			
Name:		Company:	
Address:			
City:		State:	Zip Code:
Phone Number:		E-mail address:	
Signature of Applicant:		Date:	
<b>PROPERTY OWNER</b>			
Name:		Company:	
Address:			
City:		State:	Zip Code:
Phone Number:		E-mail address:	
Signature of Property Owner:		Date:	
Review times in accordance with <a href="#">SB 1598 Policy</a>			

**LIMITED DESIGN REVIEW  
SUBMITTAL CHECKLIST**

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	
		Completed Planning Application
		Applicant's and owner's signatures on Planning Application
		Fees: Design Review Waiver: \$250
		1,000-foot radius property ownership map and list in <b>Excel. Must be in Excel .xlsx file format per the attached instructions</b> (1 printed copy and 1 Excel spreadsheet electronic copy)
		Legal description of property on separate 8½"x11" sheet (2 copies)
		Deed or title report (3 copies)
		Project narrative, including discussion of proposed changes (3 copies)
		Site plan – 11" x 17" and drawn to scale (3 copies)
		Color elevations – 11" x 17" and drawn to scale (3 copies)
		Material and color palette board(s) not to exceed 8½"x11" (2 copies)
		Each item on the checklist scanned to disk or flash drive in PDF format and the property owners list spreadsheet in Excel format with label and date (1).
		Other: _____

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

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