



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	
X		Completed Planning Application
X		Applicant's and owner's signatures on Planning Application
X		Fee: \$200
X		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 THE PERMIT COUNTER:

City of Avondale Planning Division
 Permit Counter
 11465 West Civic Center Drive, Suite 110
 Avondale, AZ 85323