



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)**

<b>PROJECT INFORMATION (Completed by Applicant)</b>			
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:	
<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>			

# 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	
<b>X</b>		Completed Planning Application
<b>X</b>		Applicant's and owner's signatures on Planning Application
<b>X</b>		Filing Fee: \$890 – Pre-application \$_____ = \$_____
<b>X</b>		Narrative summarizing the proposed Zoning Ordinance Text Amendment and the reason why the request is required (8 copies)
<b>X</b>		Proposed text amendment in legislative (strikethrough/underline) format (8 copies)
<b>X</b>		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: <b>First Review = 3 weeks; Second Review = 2 weeks; Subsequent Reviews = 2 weeks</b>		

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: _____