



Select One:

- Preapplication Preliminary 1st Review 2nd Review
 3rd Review* Revision Other: _____

KIVA #: _____ SDEV/SPAD #: _____

Project Name: _____

Project Address: _____ APN # _____

Applicant (Contact Person) _____

- Owner/Devel Arch Engr Contractor

Firm Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Other #: _____

E-Mail: _____

Developer/Owner/Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Other #: _____

E-Mail: _____

DESCRIPTION OF WORK:

- STAFF USE ONLY -
 Reviewer: _____
 Log #: _____
 Routing Copy # _____
 Type: _____ Sheets: _____
 Type: _____ Sheets: _____
 Type: _____ Sheets: _____
 Type: _____ Sheets: _____
 Field **Y N** w/ checklist **Y N**
 TMLDR: _____ SITE: _____

----- **SUBMITTAL/PAYMENT STAFF USE ONLY** -----
 Date Received: _____ Staff Intake Initials _____ Fee Received: \$ _____
 ----- **COUNTER STAFF USE ONLY** -----
 Number of Required Copies: Site Plans _____ Elevations _____ Photos _____
 Other _____ Other _____
 Fee Amount: \$ _____ Fee Code: _____
 Clearance for Routing: Date: _____ Staff Name: _____ Ext: _____
***Additional fees apply pursuant to the current fee schedule/Appendix A.2. of the Phoenix City Code.**

This publication can be made available in alternate formats (Braille, large print, computer diskette, or audiotape) upon request. Contact the Development Services Department at (602) 262-7811 voice or (602) 534-5500 TTY.