



Planning &
Development
Services
Department

Development Package Application

Date: _____

Commercial: _____ Residential: _____

(check all applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Site/Plot Plan | <input type="checkbox"/> Tentative Plat (TP) | <input type="checkbox"/> Flexible Lot Development (FLD)* |
| <input type="checkbox"/> Grading | <input type="checkbox"/> Final Plat (FP) | <input type="checkbox"/> Condominiums |
| <input type="checkbox"/> SWPPP | <input type="checkbox"/> Minor Subdivisions | <input type="checkbox"/> Floodplain |
| <input type="checkbox"/> Other _____ | | |

For Zoning and Subdivision review, the Unified Development Code (UDC) applies to this application. If you feel the Land Use Code (LUC) should apply, please consult with Zoning review staff. Applicable timeframes can be provided at your request or found in Administrative Manual Sec.3-02 or found on our website at pdsd.tucsonaz.gov For information about this application or applicable policies and ordinances, please contact Patricia Gehlen 520-837-4919

Project Address: _____

Assessors Parcel #: _____

Description of Work: _____

Applicant Name: _____

Name of Business (if applicable): _____

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

E-mail: _____ **Phone:** _____

Contractor: _____

R.O.C. #: _____ C.O.T. Business Lic #: _____ Phone: _____

Architect/Engineer: _____

Seal#: _____ C.O.T. Business Lic #: _____ Phone: _____

Lots/Residential Units: _____ Existing Zoning: _____ Proposed Zoning: _____ Area/Disturbance (Acres): _____

Associated Case Numbers

CDRC: _____ Rezoning: _____ Board of Adjustment: _____

Other: _____

Subdivision Plat, Annexation, Specific Plan, Planned Area Development (PAD), Urban Overlay District (UOD)

Land Use Categories

Complete a breakdown according to acreage, square footage (pad area) and number of units for each use.

Use 1: _____ Sq. Ft.: _____ Acreage: _____ # of Units _____

Use 2: _____ Sq. Ft.: _____ Acreage: _____ # of Units _____

(continued on reverse side)

Overlay Zones

- Airport Environs
 Historic Preservation
 Floodplain
 Hillside Development
 WASH
 Gateway Route
 Scenic Route
 Environmental Resource
 Other _____

WATER COMPANY: _____

SEWER

SEPTIC

If not Tucson Water, a State of Arizona Department of Water Resources Certificate of Assured Water Supply is required

If septic, a State of Arizona Department of Water Resources Certificate of Assured Water for DEQ is required

*** Flexible Lot Deveopment (FLD) Requirements:** *NOTE: 2 copies each are required*

- Pima County Assessor's property information (current printout)
 Pima County Assessor's map for the property
 Privacy Mitigation Plan (if applicable)
 Architectural Variation Plan (if applicable)
 Letter sent to surrounding owners, the neighborhood associations, and the Council Ward Office
 Notarized statement, confirming letter sent with the mailing list attached (compiled by PDSD only)
 Summary of meeting and attendants list with surrounding property owners

EXPIRATIONS:
DEVELOPMENT PACKAGE PLAN REVIEW: 1 YEAR FROM ORIGINAL SUBMITTAL DATE
DEVELOPMENT PACKAGE APPROVAL: 3 YEARS FROM DATE OF APPROVAL IF NO PERMITS ISSUED ON THE PROJECT
BUILDING PLAN REVIEW: 180 DAYS FROM ORIGINAL SUBMITTAL DATE
BUILDING PERMIT: 180 DAYS FROM DATE ISSUED, PAID REVISION or LAST INSPECTION RESULTING IN APPROVAL, PARTIAL APPROVAL OR DENIAL

I understand that any application, plans and/or related documents submitted to Planning and Development Services for review may be viewed as a Public Record per Planning and Development Services Department Records Policy 2011-05.

I further understand that they may also be subject to review and approval by Pima County including but not limited to Wastewater, DEQ, ADEQ, Addressing and/or Health Department and that I am responsible for paying any separate fees incurred as a result of these reviews prior to a permit being issued or a Development Package being approved by the City of Tucson Planning and Development Services Department (PDSD). It is the responsibility of the Licensed Contractor or Architect to provide a letter to PDSD verifying their affiliation with the project for which this application is made. Failure to do so may result in revocation of this permit and all penalties incurred.

Signature of Applicant/Representative of Project Owner **Date**

The above signature attests that to the best of my knowledge, the information contained in this application is complete and correct.

By state law, we cannot initiate a discussion with you about your rights and options, but we are happy to answer any questions you might have.

(STAFF USE ONLY)

OTHER PERMIT OR VIOLATION NUMBERS EXISTING (APPLIED, APPROVED, ISSUED, EXPIRED OR PENDING STATUS)

NUMBER	STATUS	NUMBER	STATUS
_____	_____	_____	_____
_____	_____	_____	_____

Cross block _____

Staff verified? _____