



Completeness Review

Conceptual Design Review

Commercial: Conceptual Public Art Plan

Development and Infrastructure Services

State law (A.R.S. § 9-835(D)) requires a Completeness Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Completeness Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for plan review.

Project Name: _____ OV Project Number: _____

Project Address: _____

Applicant Name: _____ Title: _____ Phone: _____

Applicant Email: _____

Required Information:

- | Provided | N/A | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Pre-application meeting notes and copy of preliminary review checklist |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Conceptual Public Art Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Conceptual Public Art Checklist |
| <input type="checkbox"/> | <input type="checkbox"/> | Four (4) copies Narrative description of the proposed art project |
| <input type="checkbox"/> | <input type="checkbox"/> | Four (4) copies Conceptual Site Plan (on 11"x17" paper) noting the location of public artwork |
| <input type="checkbox"/> | <input type="checkbox"/> | Four (4) copies Scale drawing, noting: dimension, height, materials and color palette, if the art is to be freestanding, integrated, and/or functional. |
| <input type="checkbox"/> | <input type="checkbox"/> | Implementation timeline |
| <input type="checkbox"/> | <input type="checkbox"/> | Preliminary estimate of public art commitment calculated with 1% of the building permit |
| <input type="checkbox"/> | <input type="checkbox"/> | Fees |

Per the requirements of State law, this permit application is:

- Accepted as Administratively Complete
- Deficient, items marked above are required for plan acceptance.

Contact staff below for questions regarding the Administrative Log-In Review Screening.

Staff Signature: _____

Print Name: _____

Phone: _____ Date: _____