



Development and Infrastructure Services

## Completeness Review

### Final Design Submittal: Residential/Commercial Final Plat

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"/> Final Design Review Application Form with initial submittal
<input type="checkbox"/>	<input type="checkbox"/> Final Plat - Size 24" X 36" Pima County Fold (6 copies)
<input type="checkbox"/>	<input type="checkbox"/> Title Report current to within 45 days of submittal (2 copies) with initial submittal
<input type="checkbox"/>	<input type="checkbox"/> Assurance agreement for subdivision improvements for Town Council submittal (Residential Only)
<input type="checkbox"/>	<input type="checkbox"/> Verification that 1 <sup>st</sup> review of Civil Improvement plans has been completed prior to initial Final Plat submittal
<input type="checkbox"/>	<input type="checkbox"/> Conditions, Covenants & Restrictions (3 copies) (Residential Only)
<input type="checkbox"/>	<input type="checkbox"/> Lot closure calculations (1 copy)
<input type="checkbox"/>	<input type="checkbox"/> Street centerline calculations (1 copy) (Residential Only)
<input type="checkbox"/>	<input type="checkbox"/> Final Plat 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: \_\_\_\_\_