



# Completeness Review

## Final Site Plan/ Minor Plat Change, Development Plan Changes or Scrivener's Errors

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"/> Completed General application with initial submittal
<input type="checkbox"/>	<input type="checkbox"/> Five (5) copies of the legal description of the proposed change.
<input type="checkbox"/>	<input type="checkbox"/> Five (5) 24" x 36" scalable copy of maps with registrant's seal (Pima County Fold).
<input type="checkbox"/>	<input type="checkbox"/> Five (5) copies of the maps of area to be affected (before and after changes with enough of the surrounding area to locate the change) 8 ½" X 11" format only.
<input type="checkbox"/>	<input type="checkbox"/> Letter from parcel owner/owner's approving change
<input type="checkbox"/>	<input type="checkbox"/> One Copy of boundary closure calculations
<input type="checkbox"/>	<input type="checkbox"/> Two copies of conveyance deeds if property will be added or subtracted
<input type="checkbox"/>	<input type="checkbox"/> For re-submittals, two (2) copies of response letter
<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: \_\_\_\_\_