



Completeness Review

Plot Plan

Development and Infrastructure Serv

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 Checklist for Permit off a Model Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of sheets coordinated with plan index |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Cover Sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Submittal Documents |
| <input type="checkbox"/> | <input type="checkbox"/> | o Four sets of bound blacklines (preferred) or bluelines 8.5 x 11 |
| <input type="checkbox"/> | <input type="checkbox"/> | o Site Plan with model number, elevation and options to be used |
| <input type="checkbox"/> | <input type="checkbox"/> | o Drawing scale: 1/4" scale minimum |
| <input type="checkbox"/> | <input type="checkbox"/> | o Two bound and sealed copies of soil report ONLY IF GRADING IS REQUIRED |
| <input type="checkbox"/> | <input type="checkbox"/> | Site/Grading Plan (20 scale or 10 scale only) - ONLY IF GRADING IS REQUIRED |
| <input type="checkbox"/> | <input type="checkbox"/> | Soil Report - ONLY IF GRADING IS REQUIRED |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Sprinklers |

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: _____