



Completeness Review

Conceptual Design Review Residential: Revised Preliminary Plats

Development and Infrastructure Ser

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"/>	Copy of Submittal Comment Letter
<input type="checkbox"/>	<input type="checkbox"/>	Written response to agency comments (6 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Completed Conceptual Design Review Application
<input type="checkbox"/>	<input type="checkbox"/>	Completed Conceptual Design Review Revised Preliminary Plat Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Formal Submittal - Size 24"X 36" (10 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Revised Traffic Impact Analysis (2 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Revised Drainage Report (2 Copies)
<input type="checkbox"/>	<input type="checkbox"/>	Revised Pima County Waste Water Sewage Acceptance Letter (2 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Offsite Drainage Conveyance Letter by downstream property owner (2 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Overlay District Submittal (2 copies)
<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: _____