



Completeness Review

Conceptual Design Review

Residential: Conceptual Site Plan

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 Pre-Application Comment Letter
<input type="checkbox"/>	<input type="checkbox"/>	Written response to pre-application agency comments (6 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Completed Conceptual Design Review Application
<input type="checkbox"/>	<input type="checkbox"/>	Completed Conceptual Site Plan Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Conceptual Site Plan – Size 24"X36" (10 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Conceptual Landscape Plan – Size 24"X36" (10 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Native Plant Preservation, Salvage and Mitigation Plan – Size 24"x36" (10 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Preliminary Traffic Impact Statement (2 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Overlay District Submittal (2 copies)
<input type="checkbox"/>	<input type="checkbox"/>	Offsite Drainage Conveyance Letter by downstream property owner (2 copies)

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: _____