



Completeness Review

Rezoning

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 #: _____

Project Address: _____

Applicant Name: _____ Title: _____

Phone: _____ 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"/>	Nine copies of written response to pre-application agency comments
<input type="checkbox"/>	<input type="checkbox"/>	Rezoning application
<input type="checkbox"/>	<input type="checkbox"/>	Rezoning checklist
<input type="checkbox"/>	<input type="checkbox"/>	Signed notification of potential State and Federal issues
<input type="checkbox"/>	<input type="checkbox"/>	Location Map – 8.5” x 11” drawn to scale and dimensioned, including existing streets
<input type="checkbox"/>	<input type="checkbox"/>	Letter of authorization from property owner, if applicant is acting as an agent
<input type="checkbox"/>	<input type="checkbox"/>	List of beneficiaries of trust, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	Copy of deed or current title report
<input type="checkbox"/>	<input type="checkbox"/>	Aerial photograph (8.5” x 11” format) showing size and location of property and existing streets
<input type="checkbox"/>	<input type="checkbox"/>	Nine copies of a site analysis document
<input type="checkbox"/>	<input type="checkbox"/>	Nine copies of a Tentative Development Plan
<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: _____