

This form is required for reservation on Zoning Adjustment hearing agendas for those projects that are referred through the Office of Customer Advocacy (OCA). This form is to assist those with adaptive reuse projects. This form must be completed by a staffer of the Planning & Development Department - staff of the OCA section, a Principal Planner, or a Planner III.

| Applicant Name:  |  |
|--|--|
| Applicant Phone:   |  |
| Applicant Email Address:   |  |
| Applicant Address:   |  |
| Site Location (address specific):                                      |  |
| Scope of Project (office, retail, restaurant, residential, mixed use): |  |

| Zoning<br>Ordinance<br>Section # | Zoning<br>Requirement      | Variance<br>Request  |
|----------------------------------|----------------------------|--|
| Example:<br>Section 702.A.3      | 25 parking spaces required | Variance to reduce number of required parking spaces to 9. |
|                                  |                            |  |
|                                  |                            |  |

(Continued on next page if supplemental variance requests are needed)

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For more information or for a copy of this publication in an alternate format, contact Planning & Development at (602) 262-7811 voice or TTY use 7-1-1.

| Zoning<br>Ordinance<br>Section # | Zoning<br>Requirement      | Variance<br>Request  |  |  |
|----------------------------------|----------------------------|--|--|--|
| Example:<br>Section 702.A.3      | 25 parking spaces required | Variance to reduce number of required parking spaces to 25 |  |  |
|                                  |                            |  |  |  |
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| City Staff Use Only - Planning Department Received Info:                                   |                                 |   |                 |           |  |  |
|--|---------------------------------|---|-----------------|-----------|--|--|
|  |                                 |   |                 | ZA        |  |  |
| (Printed) OCA or PDD<br>Authorized Staffer Name<br>& Phone Ext.<br>Performing the Referral | Date<br>Referred to<br>Planning | Date<br>Referral<br>Received<br>by Planning | Hearing<br>Date | ZA Case # |  |  |