



CITY OF PRESCOTT

MASTER PLAN AMENDMENT CHECKLIST

MP #: _____ Subdivision Name: _____

Assessor's Parcel Number(s): _____

No application will be accepted unless it is complete including, but not limited to, the following:

- A meeting with a Community Development Department Planner. Date: _____
- A Pre-Application Conference (PAC) meeting with City Staff. Date: _____
- Application stating the request and the type of proposed development, the Assessor's Parcel #, application signed and dated, indicating whether the owner or the agent. If agent, include the name and address of the property owner, phone number, and a letter of authorization.
- Three (3) copies of the amended master plan. (Minimum size 24" X 36")
- One (1) 8 ½" X 11" xerographic reduction or photo reduction of the plat. **Electronic PDF image of site layout is also required.**
- Three (3) copies of the original master plan.
- Narrative describing the request and reasons for change.
- A filing fee in the amount of: **\$ 1,050.54**

NOTE: SUBMITTAL OF AN APPLICATION DOES NOT GUARANTEE THE ITEM WILL BE SCHEDULED FOR THE NEXT AVAILABLE PUBLIC MEETING. A DETERMINATION OF "APPLICATION COMPLETENESS" BY THE STAFF PLANNER IS REQUIRED BEFORE ANY ITEM WILL BE SCHEDULED FOR PUBLIC HEARING.



MASTER PLAN AMENDMENT - HEARING APPLICATION

Subdivision Plat / Master Plan Community Name: _____

Current Assessor's Parcel Number(s) affected : _____

Township _____ **Section** _____ **Range** _____ **Zoning:** _____

	<i>For Staff Use Only</i>
Owner Name & Address: _____ _____ _____ Phone: _____ Fax: _____ Email: _____ <u>Note: If the owner is a corporation, include documents showing the signer is an authorized agent of the corporation.</u>	Date Received: _____ Taken In By: _____ Assigned To: _____ Date Application Complete: _____ Fees & Charges: _____ Receipt #/Date: _____ P&Z WS Date: _____ P&Z Vote Date: _____ Council Study: _____ Council Vote: _____
Applicant / Agent Name & Address _____ _____ _____ Phone: _____ Fax: _____ Email: _____	

Request For Master Plan Amendment Approval:

Location of Property: _____

Total Acres: _____ Total Lots: _____

Min. Lot Size: _____ Max. Lot Size: _____ Average Lot Size: _____

Existing Zoning: _____ Proposed Zoning: _____

Is mass grading proposed: _____

Is project in a Reimbursement District: _____ If yes, what type: _____

If a Planned Area Development:

Total % Area of Open Space: _____ Total Open Space Area: _____

Total Number of Dwelling Units: _____

_____ Print Name	_____ Signature	_____ Date
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