



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: **\$ 1034.00**

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

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: _____

<p>_____</p>	<p>_____</p>	<p>_____</p>
Print Name	Signature	Date