Print Form

PLANNING DIVISION
Planning & Community Development Department

MISCELLANEOUS APPLICATION

APPLICATION #_____ SUBMITTAL DATE_____ FEES_____ ACCEPTED BY_____

REQUEST		
☐ Wall Waiver	☐ Hillside Waiver	☐ Non-conforming
☐ Design Review Waiver	☐ Zoning Interpretation	☐ Other _____

APPLICANT		
ADDRESS		
CITY	**STATE**	**ZIP CODE**
PHONE NUMBER	**FAX NUMBER**	
EMAIL ADDRESS		
PROPERTY ADDRESS		
NEAREST CROSS STREETS		
TAX PARCEL NUMBER		
DESCRIPTION OF REQUEST (or see attached):		
APPLICANT SIGNATURE		**DATE**

SUBMITTAL CHECKLISTS

ALL MISCELLANEOUS APPLICATIONS

_____ Completed application packet

WALL WAIVER

_____ Review Fee ($100)

_____ Wall Plan (2 copies)

_____ Zoning Ordinance provision(s) to be waived and justification for waiver request

_____ Proposition 207 waiver (Notarized, with original signatures)

DESIGN REVIEW WAIVER

_____ Review Fee ($100)

_____ Design Review or Zoning Ordinance provision(s) to be waived and justification for waiver request

_____ Associated Case Number (Design Review, Site Plan, etc), if applicable

_____ Color elevations or copies of photographs (8 ½ x11" or larger) illustrating the design of the proposed building or structure

HILLSIDE WAIVER

_____ Review Fee ($500 +per lot fee: 1-25 lots=$15/lot, 26-50 lots= $10/lot, 50+lots=$5/lot)

_____ Zoning Ordinance provision(s) to be waived and justification for waiver request

_____ Proposition 207 waiver (Notarized, with original signatures)

ZONING INTERPRETATION (UNSPECIFIED USE)

_____ Review Fee ($100)

_____ Detailed description of the use, similar specified use for comparison, and justification of the proposed use listing

OWNERSHIP VERIFICATION

(Not required for Zoning Verification Requests)

It is requested that a _____ application be accepted by the Planning Division of the City of Peoria for property generally located at:

_____

(e.g. northeast corner of 85th Ave. & Mountain View Rd.

Tax Parcel Number _____ - _____ - _____

Address (if applicable): _____

Said property is owned by: _____

_____

I hereby certify that the above information and information submitted as part of the requested application is correct, and that I am authorized to file an application on said property, being either the owner of record or authorized by the owner. (If not owner of record, attach written authorization from owner.)

_____ _____

Owner's Name Date

_____ _____

Owner's Signature Date

APPLICATION CONTACT

I hereby request that all verbal and written communication regarding the attached application be provided to:

_____

_____

_____

TELEPHONE _____

FAX NUMBER _____

E-MAIL _____

Additionally, I understand that it is the above listed person's responsibility to communicate any verbal or written communications on said application to other members of the development team, including, but not limited to application comments, staff reports, action letters, meeting times, etc.

_____ _____

Applicant's Signature Date