



TOWN OF CLARKDALE

890 Main Street
Clarkdale, AZ 86324
(928) 639-2500

Please email completed form to:
CommunityDevelopment@Clarkdale.AZ.gov

COMMUNITY DEVELOPMENT DEPARTMENT

DESIGN REVIEW BOARD & PLANNING COMMISSION APPLICATION

PLEASE PRINT

Date Received: _____
By: _____
Project # _____
Proj. Mtg. Date: _____
Parcel # _____
Zoning _____

IMPORTANT INFORMATION

STEPS FOR COMPLETING THE APPLICATION PROCESS:

1. Review submittal deadlines and requirements.
2. Complete this application.
3. **Contact our office at (928) 639-2500 to schedule the required Pre-Application Meeting.**
4. Work with staff to determine all information required for submittal.
5. Submit your completed application.
6. Pay fee at the time of application submittal.

Please note: If the Town requires review from outside consultants, a deposit as initial payment towards the consultant's fees shall be paid by the applicant to the Town upon submittal of any development application. (Per Town Code, Section 3-5-3)

DESIGN REVIEW BOARD		
Submittal Deadline	Publication Date	Hearing Date
12/9/2015	12/20/2015	1/6/2016
1/6/2016	1/17/2016	2/3/2016
2/3/2016	2/14/2016	3/2/2016
3/9/2016	3/20/2016	4/6/2016
4/6/2016	4/17/2016	5/4/2016
5/4/2016	5/15/2016	6/1/2016
6/8/2016	6/19/2016	7/6/2016
7/6/2016	7/17/2016	8/3/2016
8/10/2016	8/21/2016	9/7/2016
9/7/2016	9/18/2016	10/5/2016
10/5/2016	10/16/2016	11/2/2016
11/9/2016	11/20/2016	12/7/2016

PLANNING COMMISSION		
Submittal Deadline	Publication Date	Hearing Date
12/15/2015	1/3/2016	1/19/2016
1/12/2016	1/31/2016	2/16/2016
2/9/2016	2/28/2016	3/15/2016
3/15/2016	4/3/2016	4/19/2016
4/12/2016	5/1/2016	5/17/2016
5/17/2016	6/5/2016	6/21/2016
6/14/2016	7/3/2016	7/19/2016
7/12/2016	7/31/2016	8/16/2016
8/16/2016	9/4/2016	9/20/2016
9/13/2016	10/2/2016	10/18/2016
10/11/2016	10/30/2016	11/15/2016
11/15/2016	12/4/2016	12/20/2016

APPLICANT INFORMATION

PLEASE CHECK ALL THAT YOU ARE APPLYING FOR:

- CONDITIONAL USE PERMIT
 SIGNS
 ZONE CHANGE REQUEST
 DESIGN REVIEW
 SITE PLAN REVIEW

THE APPLICANT WILL BE THE ONLY PERSON NOTIFIED BY THE TOWN OF THE MEETING SCHEDULE. IT WILL BE HIS OR HER RESPONSIBILITY TO NOTIFY OTHER PARTIES WHO MAY BE INVOLVED.

PROPERTY ADDRESS _____

APPLICANT NAME(S) _____

APPLICANT PHONE _____ APPLICANT E-MAIL _____

APPLICANT'S RELATIONSHIP TO PROPERTY OWNER _____

OWNER INFORMATION AND CERTIFICATION

PLEASE COMPLETE IF THE APPLICANT IS NOT THE PROPERTY OWNER.

PROPERTY OWNER'S NAME _____

PROPERTY OWNER'S PHONE _____ PROPERTY OWNER'S EMAIL _____

I certify I am an owner authorized to conduct business related to this property and the information and exhibits herewith are true and correct to the best of my knowledge in filling out this application. I am acting with the knowledge and consent of all persons in interest and understand that without the consent of all persons in interest the requested action cannot lawfully be accomplished. I give my permission for authorized officials of the Town of Clarkdale to enter the premises described in this application as necessary to determine the suitability of the request and to ascertain compliance with all applicable Town Codes.

SIGNATURE _____ DATE _____