



Development Services / [planning@maranaaz.gov](mailto:planning@maranaaz.gov)

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## PROJECT APPLICATION

### PROJECT INFORMATION

Project Name:

Description of Project:

Number of Lots:

Parcel No.(s):

Gross Area (Acres):

Project Address:

Ref. Project No.:

### CONTACT INFORMATION

**Owner:**

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

**Applicant:**

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

**Consultant/Engineer:**

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone No.:

### OWNER/APPLICANT AUTHORIZATION

I, the undersigned, certify that all of the facts set forth in this application are true and correct to the best of my knowledge and that I am either the owner of the property or that I have been authorized in writing by the owner to file this application. (If applicant is not the owner, attach written authorization from the owner.)

Applicant Name (PRINT)

Signature

Date

### FOR OFFICIAL USE ONLY

Project No. \_\_\_\_\_

Date Received \_\_\_\_\_

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Annexation                     | <input type="checkbox"/> Rezone            | <input type="checkbox"/> Specific Plan               | <input type="checkbox"/> General Plan Amendment  |
| <input type="checkbox"/> Preliminary Plat               | <input type="checkbox"/> Final Plat        | <input type="checkbox"/> Significant Land Use Change | <input type="checkbox"/> Minor Land Division     |
| <input type="checkbox"/> Variance                       | <input type="checkbox"/> Development Plan  | <input type="checkbox"/> Development Plan Package    | <input type="checkbox"/> Dedications / Easements |
| <input type="checkbox"/> Lic. Agreement                 | <input type="checkbox"/> Landscape Plan    | <input type="checkbox"/> Conditional Use Permit      | <input type="checkbox"/> Report (Type): _____    |
| <input type="checkbox"/> SWPP                           | <input type="checkbox"/> Native Plant Plan | <input type="checkbox"/> Native Plant Exception      | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Improvement Plan (Type): _____ |  |  |  |