



TOWN OF SPRINGERVILLE

"GATEWAY TO THE WHITE MOUNTAINS"

PLAN/DESIGN REVIEW APPLICATION

PROJECT NAME *(if applicable)*

Name of Applicant/Developer(s)

Mailing Address

Telephone Number

PROJECT ENGINEER *(if applicable)*

Mailing Address

Telephone Number

PROPERTY OWNER *(if different)*

Mailing Address

Telephone Number

Review Requested
Plan ___ Design ___ Combined ___

Property Information

Description of building to be done

Assessor's Parcel Number(s): _____

Total Acreage: _____

Zoning Classification: _____

Submittal of this application constitutes consent of the applicant in granting Town of Springerville staff access to the subject property during the course of project review. No further consent or notice shall be required.

I hereby certify that the information in this application is correct and agree to abide by the regulations of the Town of Springerville and the State of Arizona.

Signature of applicant

Date

Fee: \$ _____ Received By: _____ Approved: Y ___ N ___

Notes: Y ___ N ___ Zoning Adm. Approval: Y ___ N ___

Other: _____

Date Stamp: