

TOWN OF SPRINGERVILLE

"GATEWAY TO THE WHITE MOUNTAINS

PLAN/DESIGN REVIEW APPLICATION

	Review Requested
PROJECT NAME (if applicable)	Plan Design Combined
Name of Applicant/Developer(s)	
	Property Information
Mailing Address	
Telephone Number	
	Description of building to be done
PROJECT ENGINEER (if applicable)	
	Assessor's Parcel Number(s):
Mailing Address	Total Acreage:
	Zoning Classification:
Telephone Number	
	Submittal of this application constitutes consent of the applicant in granting Town of Springerville staff access to the
PROPERTY OWNER (if different)	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
Mailing Address	correct and agree to abide by the regulations of the Town of Springerville and the State of Arizona.
Telephone Number	Signature of applicant Date
Fee: \$ Received By:	_ Approved: Y N Date Stamp:
Notes: Y N Zoning Adm. Appro	oval: Y N
Other:	

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.