



The Project Renewal Research application is submitted to determine the best course of action for renewing an incomplete project. The response will be an explanation of the required "next steps" to reinstate the project. After payment of prevailing fees, the applicant will be contacted with the results of the application including instructions for project reinstatement if applicable. For questions regarding the renewal submittal process, please contact the Office of Customer Advocacy at 602-534-7344.

Submit the completed application, any pertinent documentation the applicant determines significant and payment to the Payments & Submittals Counter, 2nd Floor of Phoenix City Hall, 200 W. Washington St.

Applicant Information (PLEASE PRINT):

Name: _____ Title: _____

Company Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

- ☐ \$300* Written Response Only ☐ \$600* Written Response and Meeting
**Fees are based on research time spent, additional fees may apply.
Additional fees are due before the information is provided.*

Project Information / Status:

1. Project Name and Address(es) / APN

2. PDD Project / Plan Number(s): *include standard plan numbers for residential subdivisions*

3. Is the project ☐ Single Family, ☐ Commercial or ☐ Multi-family? If mix of uses, please specify.

4. Do you have copies of approved plans or will you be able to obtain copies to the approved plans?

☐ Yes ☐ No If yes, please indicate which ones (building, grading, site plan, etc.).

5. Which off-site and on-site improvements currently exist?

6. Which buildings currently exist and at what % completion (i.e. what is the valuation of the remaining scope of work, if known)?

7. How will your proposal be different from the approved plans in terms of phasing and scope?

8. Do you intend to complete the entire project or only the portions that have been started?

9. In the case of residential subdivisions, do you intend to submit new building product?

10. Provide a description of your proposed scope of work and any specific questions you may have.

----- **STAFF USE ONLY** -----

Date Received: _____ Staff Intake Initials _____ Fee Received: \$ _____

☐ \$300 (FACTFINDW) Written Response Only ☐ \$600 (FACTFINDM) Written Response and Meeting

KIVA: _____ SDEV: _____ PRRN: _____

ASSIGNMENTS: SITE: _____ CIVIL: _____ COMMERICAL: _____ RESIDENITAL: _____

NOTES: _____
