



City of Flagstaff

Community Development Division

211 W. Aspen Ave
Flagstaff, AZ 86001
www.flagstaff.az.gov

P: (928) 213-2969
F: (928) 779-7684



Date Received Application to Heritage Preservation Commission File Number

Property Owner(s) Clayton Flagstaff, LLC	Title	Phone 480-941-2260	Email max@claytoncompanies.com
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Mailing Address 7340 E Main Street Suite 200	City, State, Zip Scottsdale, AZ 85251
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Applicant Max Frenkel	Title Operations Manager	Phone 480-941-2260	Email max@claytoncompanies.com
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Mailing Address 7340 E Main Street Suite 200	City, State, Zip Scottsdale, AZ 85251
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Property Interest of Applicant(s) (Owner, contractual interest, or agent)
Owner

Site Address 13 S Leroux Street	City, State, Zip Flagstaff, AZ 86001
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Parcel Number(s) 10041010B	Zoning District(s)
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Type of HPC Application Requested:

- Historic Overlay District Designation (If new, Name: _____)
- Landmark Overlay District Designation
- Certificate of Appropriateness
- Certificate of No Effect
- Certificate of Economic Hardship
- Cultural Resource Study Review
- Historic Facades and Signs Grant

Property Information:

- Yes No Listed on the National Register of Historic Places? (Name: Flagstaff Southside Historic District)
- Yes No Listed on the Arizona Register of Historic Places? (Name: _____)
- Yes No Located in an existing City of Flagstaff Historic District? (Name: _____)
- Yes No Non-residential development; structure is over 50 years old at the time of application?
- Yes No Residential development; structure is pre-World War II housing?
- Yes No Subject property is undeveloped land?

Note: Applications which are incomplete or not accompanied by the required information will not be accepted.

Property Owner Signature: <i>Max Frenkel</i>	Date: 03/02/2022	Applicant Signature: <i>Max Frenkel</i>	Date: 03/02/2022
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For City Use

Date Filed: _____ **HPC Hearing Date:** _____

Fee Receipt #: _____ **Amount:** _____ **Date:** _____

Action by HPC:

- Consent Approval by HPO
- Approved
- Approved with Conditions
- Denied
- Continued

Staff Initial: _____ **Date:** _____