



# City of Flagstaff

# Community Development Division

211 W. Aspen Ave P: (928) 213-2618  
 Flagstaff, AZ 86001  
 www.flagstaff.az.gov

Date Received		<b>Application for Subdivision Review</b>		File Number
Property Owner(s) NORTHERN ARIZONA HEALTHCARE CORP. C/O STEVEN EISS, V.P. FOR CONSTRUCTION			Phone 480-677-5627	
Mailing Address 1200 N. BEAVER ST. FLAGSTAFF, AZ 86001		City, State, Zip		Email steven.eiss@nahealth.com
Applicant(s) NORTHERN ARIZONA HEALTHCARE CORP. C/O STEVEN EISS, V.P. FOR CONSTRUCTION			Phone 480-677-5627	
Mailing Address 1200 N. BEAVER ST. FLAGSTAFF, AZ 86001		City, State, Zip		Email steven.eiss@nahealth.com
Project Representative STEVEN EISS, V.P. FOR CONSTRUCTION			Phone 480-677-5627	
Mailing Address 1200 N. BEAVER ST. FLAGSTAFF, AZ 86001		City, State, Zip		Email steven.eiss@nahealth.com
Requested Review:	<input type="checkbox"/> Development Master Plan	<input type="checkbox"/> Conceptual Plat	<input type="checkbox"/> Preliminary Plat P&Z and Council	
	<input type="checkbox"/> Modified Subdivision	<input checked="" type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Final Plat- Council	

112-05-001H, 112-05-125, 112-05-126  
 112-05-127, 112-05-128, 112-10-001L,  
 112-10-001V, 112-10-002A, 112-10-004,  
 112-10-005T, 112-10-006A, 112-10-006B,  
 112-10-006C, 112-10-032A, 112-10-036,  
 112-10-037, 116-13-004B

Project Name: NAH HEALTH VILLAGE		Site Address 1200 W PURPLE SAGE TRAIL		Parcel Number
Proposed Use HOSPITAL, R&D, COMMERCIAL, RESIDENTIAL (REFER TO SPECIFIC PLAN)		Existing Use SOME RESIDENTIAL, MOSTLY UNDEVELOPED		Subdivision, Tract & Lot Number N/A
Zoning District EXISTING: RR & ER	Regional Plan Category SUBURBAN ACTIVITY CENTER	Flood Zone X	Size of Site (Sq. ft. or Acres) +/- 172.5 ACRES	
Property Information:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Located in an existing Local/National Historic District? (Name: _____) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Existing structures are over 50 years old at the time of application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject property is undeveloped land?			
Surrounding Uses	North	South	East	West
(Res, Com, Ind)	RES	RES	RES	RES
Proposed Use:	Number of Lots	Number of Units	Number of acres per use	Building Square Feet
	REFER TO SPECIFIC PLAN			

Please complete a "Subdivision Review Application" and provide an initialed "Application and Information Checklist" form along with the required number of plans and information as appropriate for a Development Master Plan, Conceptual, Preliminary or Final Plat. **Incomplete submittals will not be scheduled.**

Property Owner Signature: (required)	Date: 12/6/22	Applicant Signature:	Date: 12/6/22
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### For City Use

Date Filed:	Case Number (s)				
P & Z Hearing Date:		Publication and Posting Date:			
Council Hearing Date:		Publication and Posting Date:			
Fee Receipt Number:	Amount:	Date:			
Action by Planning and Zoning Commission:			Action By City Council:		
<input type="checkbox"/> Approved			<input type="checkbox"/> Approved		
<input type="checkbox"/> Denied			<input type="checkbox"/> Denied		
<input type="checkbox"/> Continued			<input type="checkbox"/> Continued		
Staff Assignments	Planning	Engineering	Fire	Public Works/Utilities	Stormwater