
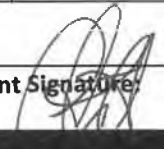


Date Received		Application for Subdivision Review			File Number
Property Owner(s) Burch 6, LLC & CDR Land Investors II, LLC			Phone 602-614-5574 pburch@metlandco.com		
Mailing Address 6245 N. 24th Parkway, Suite 207 Phoenix, AZ 85016		3101 N. Central Ave, Suite 1600 Phoenix, AZ 85012		Email bburch@metlandco.com brhoton@capstonehomesaz.com	
Applicant(s) SAME AS OWNER			Phone		
Mailing Address		City, State, Zip		Email	
Project Representative Ardurra - attn: Alicia Stoffers, PE			Phone 928-773-0354		
Mailing Address 110 W. Dale Ave.		City, State, Zip Flagstaff, AZ 86001		Email astoffers@ardurra.com	
Requested Review		<input checked="" type="checkbox"/> Preliminary Plat		<input type="checkbox"/> Final Plat	
Project Name: FOURTH STREET SOUTH SINGLE FAMILY		Site Address not yet assigned		Parcel Number 106-08-003F & 106-08-043	
Proposed Use Residential - single family		Existing Use undeveloped		Subdivision, Tract & Lot Number <small>106-08-043 is known as Tract Z of the CDR final block plat - segment for this project known as Tract S of the CDR Phase 2 Preliminary block plat</small>	
Zoning District RR & R1		Regional Plan Category suburban - future		Flood Zone Zone X & AE	Size of Site (Sq. ft. or Acres) 70.53 AC
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)		PF & R/D	RES	RES	RES
Proposed Use:		Number of Lots	Number of Units	Number of acres per use	Building Square Feet
RES		111 Lots +22 Tracts=133		70.53 AC	
<b>Incomplete submittals will not be scheduled.</b>					
Property Owner Signature: (required) 		Date: 3/13/25	Applicant Signature:		Date:
<b>For City Use</b>					
Date Filed:		Case Number (s)			
Council Meeting Date:					
Fee Receipt Number:		Amount:		Date:	
Action By City Council:					
<input type="checkbox"/> Approved					
<input type="checkbox"/> Denied					
<input type="checkbox"/> Continued					

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<b>For City Use</b>						
Date Filed:		Case Number (s)				
Council Meeting Date:						
Fee Receipt Number:		Amount:		Date:		
Action By City Council:						
<input type="checkbox"/> Approved						
<input type="checkbox"/> Denied						
<input type="checkbox"/> Continued						