



Adaptive Reuse Referral Form Zoning Adjustment Request

This form is required for reservation on Zoning Adjustment hearing agendas for those projects that are referred through the Office of Customer Advocacy (OCA). This form is to assist those with adaptive reuse projects. **This form must be completed by a staffer of the Planning & Development Department - staff of the OCA section, a Principal Planner, or a Planner III.**

Applicant Name: _____

Applicant Phone: _____

Applicant Email Address: _____

Applicant Address: _____

Site Location (address specific): _____

Scope of Project (office, retail, restaurant, residential, mixed use): _____

Zoning Ordinance Section #	Zoning Requirement	Variance Request
Example: Section 702.A.3	25 parking spaces required	Variance to reduce number of required parking spaces to 9.

(Continued on next page if supplemental variance requests are needed)

Zoning Ordinance Section #	Zoning Requirement	Variance Request
Example: Section 702.A.3	25 parking spaces required	Variance to reduce number of required parking spaces to 25

City Staff Use Only - Planning Department Received Info:				
_____	_____	_____	_____	ZA _____
(Printed) OCA or PDD Authorized Staffer Name & Phone Ext. Performing the Referral	Date Referred to Planning	Date Referral Received by Planning	Hearing Date	ZA Case #