



MDP/ PUD

REQUEST FOR REVIEW

The attached item has been submitted for your review, recommendation, and/or comment. If necessary, please circulate within your department. Your written comments are part of the permanent files at Development Services. Please provide your recommendations for approval or disapproval by email to the project contact person and the assigned case manager indicated below with clear and concise information and avoid using any abbreviations.

Project Name: _____ **File#:** _____

Contact Person Name: _____

Company: _____ Phone: _____

Address: _____ Zip code: _____

Email: _____ Fax: _____

Check one of the following:

<input type="checkbox"/> Master Development Plan (MDP) <input type="checkbox"/> Master Development Plan Amendment <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> MDP/ P.U.D. Plan (combination) <input type="checkbox"/> Flexible Development Plan (FDP) <input type="checkbox"/> Urban Development (UD) <input type="checkbox"/> Farm and Ranch (FR) <input type="checkbox"/> Rural Development (RD) <input type="checkbox"/> Mixed Light Industrial (MI-1) <input type="checkbox"/> Mixed Heavy Industrial (MI-2) <input type="checkbox"/> Form Based Zone District (FBZD)	<input type="checkbox"/> Planned Unit Development (PUD) <input type="checkbox"/> Planned Unit Development Amendment <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Mixed Use District (MXD) <input type="checkbox"/> Traditional Neighborhood Development (TND) <input type="checkbox"/> Master Planned Community District (MPCD) <input type="checkbox"/> Military Airport Overlay Zone (MAOZ) <input type="checkbox"/> Manufactured Home Park Plan (MHPP) <input type="checkbox"/> Alternative Pedestrian Plan (APP)
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Reference all City approved MDPs, POADPs, PUDs, Rights Determinations, and/or Plats associated with this proposed project:

For amendments please specify the proposed changes to the previously accepted plan:

If you are submitting a revision based on comments from a committee reviewer, please specify the changes proposed in this revision. Attach another sheet if necessary.

MDP STAFF USE ONLY- ASSIGNED CASE MANAGER			
<input type="checkbox"/> Ian Benavidez ian.benavidez@sanantonio.gov	<input type="checkbox"/> Donna Camacho donna.camacho@sanantonio.gov	<input type="checkbox"/> Richard Carrizales rcarrizales@sanantonio.gov	<input type="checkbox"/> Luz Gonzales luz.gonzales@sanantonio.gov
<input type="checkbox"/> Larry Odis larry.odis@sanantonio.gov	<input type="checkbox"/> Christopher McCollin christopher.mccollin@sanantonio.gov		

Application #: _____