



DEPARTMENT OF
**PLANNING
& ZONING**

Tracking Adequate Public Facilities

For internal use only

Project Name: _____ Project Number: _____

This document provides consolidated information to demonstrate that the named project will need verification of Adequate Public Facilities.

Please fill out the information below for this project

Required	Date Authorization Received	Copy Attached?
<input type="checkbox"/> ADEQ-504 Determination of Adequacy of Public Safety Services	_____	<input type="checkbox"/>
<input type="checkbox"/> ADEQ-505 Determination of Adequacy of Law Enforcement Services	_____	<input type="checkbox"/>
<input type="checkbox"/> ADEQ-506 Determination of Adequacy of Public Roads	_____	<input type="checkbox"/>
<input type="checkbox"/> ADEQ-508 Determination of Adequacy of Public Schools	_____	<input type="checkbox"/>
<input type="checkbox"/> ADEQ-510 Determination of Adequacy of Solid Waste Disposal	_____	<input type="checkbox"/>
<input type="checkbox"/> ADEQ-512 Determination of Adequacy of Storm Drainage System	_____	<input type="checkbox"/>
<input type="checkbox"/> ADEQ-514 Determination of Adequacy of Water Sewer	_____	<input type="checkbox"/>

Development Review Determination

- All subjects have been certified adequate or appropriately mitigated.
- All subjects have NOT been certified adequate or appropriately mitigated.

Primary Reviewer

Name: _____

Email: _____ Phone: _____

Additional Comments

Agent

Name: _____

Email: _____ Phone: _____