

APPLICATION FOR AN ARCHITECTURAL REVIEW

1. APPLICANT _____ OWNER _____
ADDRESS _____ ADDRESS _____
CITY/STATE _____ CITY/STATE _____
PHONE (Work) _____ (Home) _____ PHONE (Work) _____ (Home) _____

2. PROPERTY DESCRIPTION: _____
Township Range Section Tax Lot
Block Lot Number Addition

3. Describe nature of construction.

a. Use of building: _____

b. Type of construction: _____

2. Size of building: (1) W X L: _____ (2) Height: _____

3. Type of roof: _____

4. Landscaping (if required): _____
Please attach plan.

5. Parking (if required): _____

Please attach plan.

Please attach a scale drawing or plot plan of the proposal.

APPLICANT'S SIGNATURE: _____ DATE: _____

OWNER'S SIGNATURE: _____ DATE: _____
(or notarized letter)

DATE RECEIVED BY THE CITY RECORDER: _____