

REQUEST FOR REVIEW

_____ Environmental Design Review Board

_____ Planning Commission

_____ City Commission

_____ New

_____ Administrative Review

_____ Existing

Please describe your request: _____

Location of Project: _____ Zone: _____

City Tax Map Information: Map _____ Group _____ Parcel _____

Business Name: _____

Business Address: _____

Applicant: _____

Applicants Mailing Address: _____

Telephone #: _____ Cell/Pager #: _____

Property Owners Name: _____

Property Owners Mailing Address: _____

Telephone #: _____ Cell/Pager #: _____

CHECKLIST

_____ Elevation and/or rendering including colors and materials

_____ Detailed site plan and/or survey

_____ Eleven copies required for Planning Commission (2) 24X36 (9) 11 x 17

_____ Five **color** copies of rendering and photos required for EDRB (5) 8 ½ x 11

Applicant's Signature

Date