

REQUEST TO BE ON THE DESIGN REVIEW AGENDA

LOCATION OF PROJECT _____

BUSINESS NAME

The project is zoned _____ Commercial _____ Industrial _____ Residential

Map _____ Parcel _____

OWNER/APPLICANT _____

Mailing Address: _____

Telephone: _____

Plans and requests must be in the Building Department two weeks prior to the scheduled meeting.

Please check the appropriate space.

The project mentioned above is for the following review.

Sign approval _____ Temporary Sign Approval _____

Site plan review _____ Landscape plan review _____

Building review _____

Additional information that may be helpful during the review process.

check list design review