

DESIGN REVIEW APPLICATION



<p>STAFF USE ONLY</p> <p><input type="checkbox"/> EIF/EIR on file, Case No. _____ Date _____</p> <p><input type="checkbox"/> Previous EIF/EAF/EIR applicable No. _____ (mins. attached)</p> <p><input type="checkbox"/> Project Exempt (forms attached) Initials _____</p>	<p><input type="checkbox"/> Administrative Review</p> <p><input type="checkbox"/> DRB Review</p> <p><input type="checkbox"/> HPC Review</p> <p>CASE NO. _____</p> <p>DATE _____</p>
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All applications and submittal requirements must be discussed with a planner at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. After you have completed your application packet and are ready to submit it, schedule an appointment with your contact planner (name noted on your Application Instructions). A case planner will be assigned to your project after the application is officially submitted. Please complete (PRINT or TYPE) the following information:

PART 1 – PROPERTY INFORMATION

A. Project Address _____

B. Zone(s) / District(s) _____

PART 2 – APPLICANT INFORMATION

A. _____
First Name Last Name

B. _____
Street Address City State Zip Code Area Code - Phone Number

C. _____
Email Address

D. Check one box - Architect Builder/Developer Consultant Owner Other _____
If Architect, license no. _____ Expiration date _____

PART 3 – PROJECT INFORMATION

<p>A. Proposed Use</p> <p><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Mixed-Use</p> <p><input type="checkbox"/> Multi-dwelling</p> <p><input type="checkbox"/> Single-dwelling</p> <p><input type="checkbox"/> Other _____</p>	<p>B. Project Type</p> <p><input type="checkbox"/> Addition to existing building</p> <p><input type="checkbox"/> Exterior Remodel</p> <p><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Sign/sign program</p>	<p>C. Project Status</p> <p><input type="checkbox"/> Final review</p> <p><input type="checkbox"/> Modification to approved project</p> <p><input type="checkbox"/> Violation Correction</p>
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D. Project description/applicant request (include scope of work, i.e., existing use, square footage, change of windows/ doors/ materials, etc.)

Note:

1. By submitting this application, the Applicant agrees that the reduced plans may be duplicated and/or distributed to the public through various mediums, including electronic posting on the City of Glendale website. Applicant waives any and all claims he/she may have as a result of the City's distribution of the reduced plans.
2. The applicant must have authority from the property owner to commit to changes, if any, that may be suggested or required by Planning Staff, the Design Review Board, and/or the Historic Preservation Commission.
3. The adjoining property ownership attached to this application must reflect the latest equalized assessment roll as owning real property adjacent to the exterior boundaries of the site, which is the subject of Design Review consideration.
4. For Administrative Design Review, notice of a staff decision will be mailed to the applicant within 10 days of the applicant receiving a notice that a written decision will be rendered.
5. If the decision is to be rendered by the Design Review Board or Historic Preservation Commission, notice of the meeting will be mailed to the applicant within 10 days of the actual meeting date.
6. The applicant should attend and represent the project when an application requires a hearing by the Design Review Board or the Historic Preservation Commission.

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION

1. _____ Property Owner's Name – Please Print	2. _____ Property Owner's Name – Please Print
_____ Property Owner's Signature	_____ Property Owner's Signature
_____ Property Owner's Street Address if not applicant	_____ Property Owner's Street Address if not applicant
_____ City	_____ City
_____ State	_____ State
_____ Zip Code	_____ Zip Code
_____ Area Code - Phone No.	_____ Area Code - Phone No.
_____ Date	_____ Date

SIGNATURE AND NAME OF APPLICANT IF OTHER THAN PROPERTY OWNER

1. _____ Applicant's Name – Please Print	2. _____ Applicant's Name – Please Print
_____ Applicant's Signature	_____ Applicant's Signature
_____ Date	_____ Date

FOR STAFF USE ONLY	Date Stamp
Date received in Permit Services Center _____	
Received by _____	
Fee paid _____ Receipt No. _____	