

Fee Collected:

Receipt #:

CITY OF SEASIDE

Resource Management Services | Planning Division Architectural Review Application (Residential)

BAR-19						
File #						

	oject Address or Location: oject Description (attach if needed):			APN:			
	plicant / Primary Contact:						
	dress:			State:	Zip:		
	one Contact:				=		
	operty Owner:						
	me:						
	dress:			State:	Zip:		
	one Contact:						
that	Operty Owner's Statement: "By my signature, I hereby c I approve of the requested action herein. I further certify that all date best of my knowledge." Signature:	ata, informa	tion, plans and evide	ence submitted as part of this a			
	Signature.			Date.			
2.	APN, site area, existing and proposed floor area and site coverage calculations, existing and proposed parking spaces, number of trees proposed for removal and any other pertinent information about the project.						
4.							
5.							
6.	Elevations – Show and label all existing and proposed exterior elevations with the maximum structure height from finished grade to roof peak for each elevation. All exterior features must be shown on elevations including signs, light fixtures utilities/cabinets, railings/stairs, walls/fences, entry doors, etc. Colors and materials should be identified on all elevations.						
7.	Colors and Materials - Provide one (1) presentation board with all proposed exterior materials and colors. (<i>if applicable</i>).						
8.							
9.	Pre-stamped envelopes for all properties within a 300-foot radius (2^{nd} story residential projects; consult staff for amount)						
10.	Additional information as may be required following initial review of the project.						
	TO BE CO	OMPLE	TED BY STAFF				
	Single-Family (additions< 50% to (e) floor area)			construction > 50%)			
П	Multi Family (additions/remodels < 50%)	$\prod \mathbf{N}$	Iulti Family (new	construction > 50%)			

_____ Accepted By: ___

_____ Date Accepted:_