



Application for HARB Review

Date of Application

Check List: Items to be submitted with completed application.

- | | |
|---|--|
| <input type="checkbox"/> Plot Plan Drawings | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Elevation Drawings | <input type="checkbox"/> Material Sample |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Color Sample |
| <input type="checkbox"/> Other (specify): | |

PLEASE PRINT OR WRITE LEGIBLY

1. **Owner's Name:** _____
 Street Address: _____
 Mailing Address (if different): _____
 City: _____ State: _____ Zip: _____
 Phone (Day): _____ Email: _____

2. **Street Address of Property to be Reviewed** (if different): _____

3. **Contractor's Name:** _____
 Street Address: _____
 Mailing Address (if different): _____
 City: _____ State: _____ Zip: _____
 Phone (Day): _____ Email: _____

4. **Architect/Engineer** (if applicable): _____
 Street Address: _____
 Mailing Address (if different): _____
 City: _____ State: _____ Zip: _____
 Phone (Day): _____ Email: _____

5. **Property Use** (Check all that apply):

- Single Family Residence
- Multi-Family Residence
- Office
- Commercial/Retail
- Industrial
- Institutional
- Vacant

Particular Building Type:

- single, detached
- duplex
- row
- apartment building
- warehouse
- other: _____

**Applicant,
Complete Back**

Official Use Only

Date of HARB Review:

Approved:

Date of Council Action:

Approved with Comments:

Denied:

Withdrawn:

Conceptual Review:

