



**Design and Historic Preservation Section
MASTER APPLICATION FORM**

- Design Review** (Ch. 17.61.030 P.M.C.)
 Certificate of Appropriateness (Ch. 17.62.090 P.M.C.)

Project Address

Project Name
Project Description

Applicant **Architect** **Contractor** **Developer** **Other**

name: _____ phone: _____
address: _____ fax: _____
city: _____ state: _____ zip code: _____ email: _____

Applicant Signature: _____ **Date:** _____
(note: if the applicant is other than the property owner, separate signed owner authorization is required)

Architect or **Designer (for design review projects)**

name: _____ phone: _____
address: _____ fax: _____
city: _____ state: _____ zip code: _____ email: _____

Property Owner

name: _____ phone: _____
address: _____ fax: _____
city: _____ state: _____ zip code: _____ email: _____

Primary Contact Person: **Applicant** **Architect** **Property Owner**

Proposed Work

new construction demolition relocation restoration/rehabilitation addition/alteration sign/awning

Project Information (for staff use only)

PLN _____ PRJ _____ staff initials: _____ date accepted: _____ date submittals rec'd: _____ fee: \$ _____ notification: \$ _____ 3% records fee: \$ _____ TOTAL: \$ _____	Review Authority <input type="checkbox"/> staff <input type="checkbox"/> Design Commission <input type="checkbox"/> Historic Preservation Comm.	CEQA Review <input type="checkbox"/> Exempt <input type="checkbox"/> Pending <input type="checkbox"/> Completed	Historic Preservation Review <input type="checkbox"/> Category 1 (designated) <input type="checkbox"/> Category 2 (eligible)	Landmark/Historic District _____ district name	Type of Design Review <input type="checkbox"/> concept design review <input type="checkbox"/> final design review <input type="checkbox"/> consolidated design review	Tree Removal <input type="checkbox"/> yes <input type="checkbox"/> no	Public Art <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> completed
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