



APPLICATION FOR PLANNING COMMISSION & ARCHITECTURAL DESIGN COMMITTEE REVIEW

(Application requests for conditional zoning certificates or subdivision plats should be completed on the appropriate Conditional Zoning Certificate or Preliminary/Final Plat Application form)

Project Address: _____

Project Description: _____

Type of Review:

<u>Planning Commission</u>	<u>Architectural Design Committee</u>
<input type="checkbox"/> Site Plan Review (New construction, additions, parking expansions, etc.)	<input type="checkbox"/> Sign(s)
<input type="checkbox"/> Use Change	<input type="checkbox"/> Architectural Elevations
<input type="checkbox"/> Other	<input type="checkbox"/> Landscaping Plan

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Fax:** _____

Email: _____

Property Owner: _____

Address: _____

City/State/Zip: _____

Note: If applicant is different from the property owner, the application must include a letter from the property owner authorizing the applicant to file this application.

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER OF RECORD TO MAKE THIS APPLICATION AS HIS AGENT; AND I CERTIFY THAT ALL INFORMATION FURNISHED ON THIS FORM IS ACCURATE; AND AGREE TO CONFORM TO ALL APPLICABLE DEVELOPMENT REGULATIONS OF THE CITY OF WADSWORTH.

Applicant's Signature: _____ **Date:** _____