



## 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.)<br><input type="checkbox"/> Use Change<br><input type="checkbox"/> Other | <input type="checkbox"/> Sign(s)<br><br><input type="checkbox"/> Architectural Elevations<br><input type="checkbox"/> Landscaping Plan |

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**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:** \_\_\_\_\_