



Application to the Design Review Board

Applicant: *This information and attachments are to be submitted as 8 individual packets collated and stapled.*

1. Applicant: _____ Telephone #: _____
 Mailing Address: _____ FAX #: _____
 Email Address: _____ Cell #: _____
2. Agent: _____ Telephone #: _____
 Mailing Address: _____ FAX #: _____
 Email Address: _____ Cell #: _____
3. Property Owner: _____ Telephone #: _____
 Mailing Address: _____ FAX #: _____
 Email Address: _____ Cell #: _____
4. Person to Contact: _____ Daytime Telephone # _____
 Email Address: _____

Description of Property

5. Street Address/Location: _____
 Assessor's Map #: _____ Block #: _____ Lot #: _____ Zone: _____

Project Information

6. Project description: _____

This review is being done for an application which is to be submitted to:

- Planning & Zoning Commission Zoning Board of Appeals Zoning Enforcement Officer

The Owner and applicant hereby grant the Clinton Design Review Board, or authorized agents, permission to enter upon the property above identified for the purpose of inspection to assist the Design Review Board in their review.

7. Signatures:
- Applicant: _____ Print Name: _____ Date: _____
 Agent: _____ Print Name: _____ Date: _____
 Owner: _____ Print Name: _____ Date: _____