TOWN OF EAGAR DESIGN REVIEW APPLICATION

REFER TO SECTION 18.86

APPLICANT'S NA	ME:				
MAILING ADI	DRESS:				
WINEING REF	PO BOX/STREET		CITY	STATE	ZIP
PHONE # H		W	r		
ARCHITECTURAI	L ENGINEERS NAMI	E :			
MAILING ADI	DRESS:				
	POBOX/STREET		CITY	STATE	ZIP
PHONE #:	AZ	Z LIC. #:			
NO. OF BLDGS:					
TYPE OF OCCUPA	ANCY:				
JOB SITE LOCATI	ION: (*GIVE AT LEAST C	ONE OF THREE)			
*STREET AI	DDRESS:				
*LEGAL DE	SCRIPTION:				
*PARCEL ID) # (I.E 104-XX-XXX)				
Each application sha	all be submitted with:				
• Elevation dra	wing the areas devo wings of the front, ion 18.86.040 for fu	, side and re	ear of the b	uilding or st	tructure
DATE SIG	NATURE				
	APPLICATION ALONG WIT OMPLETE APPLIC				
	ACTION BY	DESIGN R	EVEW BO	OARD	
1. Meeting Held:	: (Date)	(Place)			
2. Action: Date _					
A. Recomm	nend approval as pr	esented			

B. Recommend approval with t	the following conditions or changes:
C. Recommend denial. Reaso	n for denial:
	mended for approval or denial. Explanation of what arther action will be taken:
11	l the Design Review Boards action, the appeal must the date of the Boards action (refer to Chapter
FINAL DISPOS	SITION OF DESIGN REVIEW
Signature Planning Director	Signature Member of Design Review Board