TOWN OF EAGAR
DESIGN REVIEW APPLICATION
REFER TO SECTION 18.86

APPLICNATS NAME: _____

MAILING ADDRESS: _____
PO BOX/STREET CITY STATE ZIP

PHONE # H-_____W-_____

ARCHITECTURAL ENGINEERS NAME: _____

MAILING ADDRESS: _____
POBOX/STREET CITY STATE ZIP

PHONE #: _____ AZ LIC. #: _____

NO. OF BLDGS: _____

TYPE OF OCCUPANCY: _____

JOB SITE LOCATION: (*GIVE AT LEAST ONE OF THREE)

*STREET ADDRESS: _____

*LEGAL DESCRIPTION: _____

*PARCEL ID # (I.E.- 104-XX-XXX)_____

Each application shall be submitted with:

- **Site Plan showing the areas devoted to buildings, structures and parking**
- **Elevation drawings of the front, side and rear of the building or structure**
- **Refer to Section 18.86.040 for further requirements for application**

_____
DATE SIGNATURE

RETURN THIS APPLICATION ALONG WITH REQUIRED DRAWINGS TO THE PLANNING DEPARTMENT
AN INCOMPLETE APPLICATION MAY DELAY PROCESSING

ACTION BY DESIGN REVEW BOARD

1. Meeting Held: (Date) _____ (Place) _____

2. Action: Date _____

_____ A. Recommend approval as presented

_____ B. Recommend approval with the following conditions or changes:
_____
_____
_____

_____ C. Recommend denial. Reason for denial: _____
_____
_____

_____ D. Application neither recommended for approval or denial. Explanation of what action taken, date, reasons and date further action will be taken: _____
_____
_____

Note: If the applicant wishes to appeal the Design Review Boards action, the appeal must be filed within 10 calendar days from the date of the Boards action (refer to Chapter 18.86.080)

FINAL DISPOSITION OF DESIGN REVIEW

_____
_____
_____
_____

_____ _____
Signature Planning Director Signature Member of Design Review Board