THE CITY OF PAINESVILLE
APPLICATION FOR APPEAL OF DESIGN REVIEW REGULATIONS

APPLICANT: _____
(NAME)

_____
(PHONE)

IF OWNER IS DIFFERENT THAN APPLICANT:

_____
(NAME)

_____
(PHONE)

****

PROPERTY LOCATION: _____
(ADDRESS)

DESIGN REVIEW DISTRICT (CHECK ONE)

__ DOWNTOWN DISTRICT
__ RICHMOND STREET DISTRUCT
__ MENTOR AVENUE
__ BANK STREET

PP#_____
ZONING DISTRICT: _____

NATURE OF BUILDING DESIGN: _____

_____

_____

REASON OF APPEAL: _____

_____

_____

_____
(SIGNATURE) (DATE)

THE ABOVE APPLICATION WAS REFUSED BY THE COMMUNITY DEVELOPMENT DEPARTMENT FOR THE FOLLOWING REASON(S):

_____ _____

_____

_____

_____
(SIGNATURE) (DATE)

RECEIPT NO. _____
AMOUNT PAID: $75.00
DECISION:

_____ _____

_____

_____