

Community Development Dept.
Office: 66 Mentor Avenue
Mailing: 7 Richmond St., PO box 601
Painesville, OH 44077
Ph# (440) 392-5931, Fax# (440) 392-0981

## Certificate of Appropriateness Application – Design Review

Project Address:	Zoning Distr	Zoning District:		
Statement of Work:	Design Revie	ı □ Ba	ank □ Richmond ailroad	
Applicant:				
Address:			Phone #:	
Email:		•		
Owner of Building:				
Address:		Phone #:	Phone #:	
Email:				
Owner's Signature:		Da	te	
Attach drawings (see <b>Section 1111.03(c)</b> for required detail as appropriate) that clearly feature as it is intended to be built and accurately describe dimensions, locations, Representation should also be made of any existing exterior architectural feature propose with Section 1111.10(c) AND applicable Chapters 1129, 1131, 1133 of the Unified Develo Complete Application Determination.  1. Upon determination that a complete submittal has been made, the Administrator shall the application in accordance with the procedures and timelines set forth in this Code If an application is determined to be incomplete, the Administrator shall provide write application's deficiencies. No further processing of an incomplete application shall occidetermines that the application is complete.  3. If the applicant fails to correct all deficiencies and submit a complete application with incomplete application shall be deemed withdrawn and all fees forfeited. A new applicant on an application misleading information is submitted or supplied by an applicant on a applicant on an applicant on an applicant on a applicant on an applicant on a applicant on	colors, materials d to be altered or a ppment Code (UDC) declare the application notice to the accur until the deficient hin 60 days of the ication and fee shall do to be a controlled to the accur until the deficient hin 60 days of the ication and fee shall do to be a controlled to the accur until the deficient to the accuracy of the ication and fee shall do to be accuracy to the accuracy of the ication and fee shall do to be altered or accuracy to the accuracy of the ication and fee shall do to be altered or accuracy to the accuracy of	or other charemoved. Descention to be official applicant along encies are controlled in the controlled all be required.	aracteristics of the design. sign must be in conformance icially filed and shall process g with an explanation of the rected and the Administrator led by the Administrator, the for reconsideration.	
	Applicant Signatu	re	date	
THE AREA BELOW IS FOR OFFICIAL (  Receipt No  Notes/Decision:			mount Paid: \$20.00	

date

Administrator Signature