



APPLICATION CONCEPT DESIGN REVIEW

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Related Files	
DEPARTMENT USE ONLY	

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G E N E R A L I N F O	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)			EXISTING ZONING
	NAME OF PROPOSED PROJECT				GENERAL PLAN DESIGNATION
	APPLICANT NAME	BUSINESS PHONE () -			FAX () -
	APPLICANT ADDRESS	CITY	STATE	ZIP	EMAIL
	APPLICANT REPRESENTATIVE	BUSINESS PHONE () -			FAX () -
	APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE	ZIP	EMAIL
	ARCHITECT OR DESIGNER NAME	BUSINESS PHONE () -			FAX () -
	ARCHITECT OR DESIGNER ADDRESS	CITY	STATE	ZIP	EMAIL
	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)	BUSINESS PHONE () -			FAX () -
	PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	EMAIL

P R O J E C T I N F O	PROJECT /BUSINESS DESCRIPTION – DESCRIBE IN DETAIL YOUR PROPOSED SUBDIVISION. ATTACH A SEPARATE SHEET IF NECESSARY		
	EXISTING USE	PROPOSED USE:	SIZE OF PARCEL SQ FT or ACRES
	SUBMITTAL INFORMATION – THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY A SENIOR PLANNER OR SUPERVISING ENGINEER		
10 Copies of Site Plan showing all dimensions. Plans must be either reduced to 11 X 17 or smaller or folded to 8 ½ X 14			
10 Copies of Existing and Proposed Elevations (photos for existing will suffice). Plans must be reduced to 11 X 17 or smaller or folded to 8 ½ X 14.			
10 Copies of Design Concept Narrative	10 Copies of Neighborhood Context Map		
10 Copies of Site Analysis Map	Vicinity Map with north arrows	Disclosure Form	
PROPERTY OWNER'S CONSENT – I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.			
X _____			

D E P T	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER
	PROCESSING FEE		DATE	FEE RECEIVED \$	RECEIPT NUMBER