



ARCHITECTURAL REVIEW TEAM
PROJECT DEVELOPMENT APPLICATION
DEADLINE: 3RD MONDAY OF THE MONTH AT 4:00 PM

| | | | |
|---------------------------------------|----------|--------|---------|
| ADDRESS/LOCATION | | | |
| | TAX MAP: | GROUP: | PARCEL: |
| SUMMARY OF NATURE OF REQUEST AND WORK | | | |

| | | |
|---|--|---|
| REQUEST DATE FOR PRE-APPLICATION CONFERENCE | | <i>Pre-application meetings are scheduled for Wednesdays between 8 and 10 am. Meeting must be requested by Monday of the same week.</i> |
|---|--|---|

SUBMITTAL REQUIREMENTS
10 copies of plan + PDF
Fold all submittals larger than 8½"x11"

| SELECT REQUEST | PLAN SHALL INCLUDE |
|--|---|
| <input type="checkbox"/> Façade Approval <input type="checkbox"/> Alternative Compliance Requested <input type="checkbox"/> Other: _____ | <ul style="list-style-type: none"> • Site Plan • Building elevations for <u>all sides</u> of the building: Color elevations, required, at legible scale, with all materials listed (materials board may be required) • If Alternative Compliance is requested, provide scope of alternative and description of proposed compliance. • Floor Plans for all new construction and façade remodels. |

Applications and all required submittals must be filed with the Department of Development Services prior to the established deadline. Both the applicant and property owner (if different from applicant) must sign the application. A representative for the project is required to be present at the meeting, at the request of the Commission.

APPLICANT

| | | | |
|---------|--|-------|--|
| NAME | | PHONE | |
| ADDRESS | | EMAIL | |

PROPERTY OWNER

| | | | |
|---------|--|-------|--|
| NAME | | PHONE | |
| ADDRESS | | EMAIL | |

In filling out this application, I attest that (1) I am familiar with the rules, regulations, and procedures of the City of Columbia & (2) all information contained herein is accurate & true to the best of my knowledge.

APPLICANT NAME

APPLICANT SIGNATURE

DATE

** Zoning Ordinance Article 3.3.3, Applications will be reviewed for completeness within 5 days of submittal. Incomplete applications will be removed and the applicant will be notified by certified mail listing incomplete information.**

PROPERTY OWNER NAME

PROPERTY OWNER SIGNATURE

DATE

STAFF USE ONLY

| | | | |
|-------------|--|------------------|--|
| DOCKET NO. | | FEE PAID | |
| RECEIPT NO. | | REQUESTED AGENDA | |

| | |
|---|--|
| DATE NOTICES SENT TO ADJACENT PROPERTY OWNERS | |
| DATE OF PUBLIC NOTICES IN DAILY HERALD | |

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| BOARD ACTION | |
|--------------|--|