

**DESIGN REVIEW COMMITTEE APPLICATION
PAGE TWO**

APPLICANT: The applicant must be an authorized agent of the property owner.
(Please Print)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: () () _____

Home

Business

I DECLARE, under penalty of perjury, that the foregoing is true and correct.

Executed on _____, at _____, California.

Signature of Applicant other than Property Owner

= = BELOW TO BE COMPLETED BY PLANNING AND BUILDING DEPT.= =

DATED FILED: _____

AMOUNT PAID: _____ RECEIPT NO.: _____

REQUIRED ACTION DATE: _____

STAFF CODE COMPLIANCE REVIEW DATE: _____

APPLICATION COMPLETE: ___ YES ___ NO DATE COMPLETE: _____

DEADLINE FOR 8 SETS AND ADDITIONAL INFO.: _____

DRC MEETING: _____ DATE OF ACTION: _____

RESULTS: _____
