

City of Kent, Ohio
Application for Architectural Review Board

APPLICATION NUMBER:

DATE:

APPLICATION TYPE: **Architectural Review**

PROPERTY OWNER:

ADDRESS:

PHONE:

APPLICANT:

ADDRESS:

PHONE:

SITE ADDRESS:

REQUEST:

APPLICATION FEE: \$ 100.00

MEETING DATE:

ATTACH SUPPORTING DOCUMENTATION TO ALLOW FOR APPROPRIATE REVIEW OF REQUEST, INCLUDING DETAILED SCOPE OF WORK, AND WHEN APPLICABLE, MEASUREMENTS, PHOTOS, RENDERINGS, AND/OR SCALED BASIC DRAWINGS. IF ALL NECESSARY SUPPORTING DOCUMENTATION IS NOT SUBMITTED BY 12:00 P.M. THE WEDNESDAY BEFORE THE PLANNED MEETING DATE (6 DAYS PRIOR), THE ITEM WILL NOT BE REVIEWED AND WILL BE RE-SCHEDULED FOR A MEETING AT A LATER DATE.

ALL APPLICATION FEES ARE NON-REFUNDABLE. THE UNDERSIGNED APPLICANT(S) AUTHORIZE BOTH THE FILING OF THIS APPLICATION AND REVIEW BY CITY STAFF. I, THE UNDERSIGNED, CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

APPLICANT SIGNATURE

DATE

RECEIVED BY

DATE