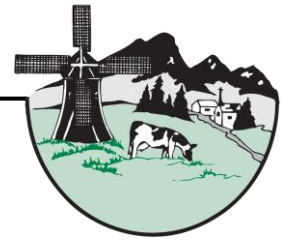


# CITY OF LYNDEN



## DESIGN REVIEW APPLICATION

*City of Lynden use only:*

DRB # \_\_\_\_\_ Staff Initials: \_\_\_\_\_

### **Applicant / Owner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### **Designer / Architect / Contractor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Who is the primary contact for this project? This person will receive all official correspondence for the project.

Applicant / Owner  Designer / Architect / Contractor

### **Project Location**

Site Address: \_\_\_\_\_

Zoning Designation: \_\_\_\_\_

### **Project Information**

Commercial     New Construction     Multi-Family     Remodel

Building Square Footage: \_\_\_\_\_ Building Height: \_\_\_\_\_

### **Materials Proposed:**

Masonry: \_\_\_\_\_ Color: \_\_\_\_\_

Siding: \_\_\_\_\_ Color: \_\_\_\_\_

Roofing: \_\_\_\_\_ Color: \_\_\_\_\_

Lighting Type: \_\_\_\_\_ Parking requirements: \_\_\_\_\_

Landscape Plan Attached (Required):

\*\*\*\*\*

By signing this application, I certify that all the information submitted is true and correct.

**Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property owner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property owner printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_