



CERTIFICATE OF DESIGN COMPLIANCE APPLICATION

ADDRESS OF PROPERTY: _____

APPLICANT/OWNER NAME: _____

ADDRESS: _____

CITY: _____ ST: ____ ZIP: _____

PHONE: _____

DESIGNER/ARCHITECT: _____

ADDRESS: _____

CITY: _____ ST: ____ ZIP: _____

PHONE: _____

PROPOSED START DATE OF PROJECT: _____

PROPOSED COMPLETION DATE OF PROJECT: _____

A PROFESSIONAL DRAWING OR SKETCH OF THE PROPOSED EXTERNAL ALTERATION OR SIGN MUST BE SUBMITTED WITH THE APPLICATION.

THE DOWNTOWN REVITALIZATION BOARD REQUIRES SUBMISSION OF PRODUCT SAMPLES AND OTHER SPECIFIC TECHNICAL INFORMATION PERTINENT TO DESIGN REVIEW DECISIONS.

I UNDERSTAND THAT IT IS NECESSARY THAT I OR MY AUTHORIZED AGENT BE PRESENT AT THE CITY OF SULPHUR SPRINGS DOWNTOWN REVITALIZATION BOARD PUBLIC HEARING.

PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF THE PROPOSED CONSTRUCTION, EXTERNAL ALTERATIONS OR REPAIRS TO BE MADE.

