City of Cleveland
Justin Bibb, Mayor
City Planning Commission

Cleveland City Hall
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Cleveland, Ohio 44114
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216/664-3281
www.planning.clevelandohio.gov

Planning Commission/Design Review Application

DATE:

PROJECT NAME:

PROJECT ADDRESS:

PROJECT LOCATION (if no address)**:**

CONTACT PERSON *(for design review)**:***

***COMPANY**:*

PHONE**:* ***EMAIL:

OWNER:

ARCHITECT/ CONTRACTOR:

PROJECT TYPE: ☐ New Building ☐ Rehabilitation ☐ Addition ☐ Sign ☐ Fence ☐ Parking

USE TYPE: ☐ Residential ☐ Commercial ☐ Industrial ☐ Institutional ☐ Mixed-Use

Review Level: ☐ Storefront ☐ Conceptual ☐ Schematic Design ☐ Final Design Development

I, the undersigned, have received a copy of the Cleveland City Planning Commission's *"Design Review: A Guide for Applicants"* and agree to follow its guidance in proceeding through the design review process for the subject project.

_____

Signature **and** date

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(For staff use only)

Received by:
Design Review District Name:
Assigned Review Case Number: