## Evansville Redevelopment Commission Design Review Application

Date		Redevelopment Area	1			
Location of Property						
Anticipated Project Star	t Date		Anticipated Project E	nd Date		
Name of Applicant					Buildin	g Owner Leasee
Applicant's Address						
Applicant's Phone			Applicant's Email			
Name of Contractor						
Contractor's Address						
Contractor's Phone			Contractor's Email			
Exterior Changes (check all that apply)	New Construction	Signage	<del>)</del>	Landscaping		
11 3/	Rehabilitation / Renovati	on Awning	g / Canopy	Other Exterior Rehab		
	Demolition	Parking	Lot / Curb Cuts	Pub	lic Art Installation	
Description of Exterior Changes (attach additional pages if necessary )						
For each item checked above, please attach supporting documents including:  Photograph of existing conditions Site plan and an illustration of proposed changes						
Dimensions, details of proposed change including						
location and position on building  Samples of colors and/or materials to be used  Return completed application with attachments to:						
Department of Metropolitan Development 1 NW MLK Jr Blvd, Rm 306 Evansville IN 47708 812-436-7823						
email: DMDMail@evansville.in.gov  By signing below, applicant agrees to complete the exterior changes described herein as submitted in accordance with the approval granted by the Design						
Review Committee						
Signature of Applicant		i	f Applicant is Not Build- ng Owner, Signature of Building Owner			
Printed Name of Applicant			rinted Name f Building Owner			
FOR DEPARTMI	ENT USE ONLY					
Completed Application		DRC Meetin	g Date:		Approval Date:	