

# Evansville Redevelopment Commission

## Design Review Application

### Arts District or Jacobsville Redevelopment Area

Date	<input type="text"/>	Redevelopment Area	<input type="text"/>
Location of Property	<input type="text"/>		
Anticipated Project Start Date	<input type="text"/>	Anticipated Project End Date	<input type="text"/>
Name of Applicant	<input type="text"/>	<input type="checkbox"/> Building Owner	<input type="checkbox"/> Leasee
Applicant's Address	<input type="text"/>		
Applicant's Phone	<input type="text"/>	Applicant's Email	<input type="text"/>
Name of Contractor	<input type="text"/>		
Contractor's Address	<input type="text"/>		
Contractor's Phone	<input type="text"/>	Contractor's Email	<input type="text"/>
Exterior Changes (check all that apply)	<input type="checkbox"/> New Construction	<input type="checkbox"/> Signage	<input type="checkbox"/> Landscaping
	<input type="checkbox"/> Rehabilitation / Renovation	<input type="checkbox"/> Awning / Canopy	<input type="checkbox"/> Other Exterior Rehab
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Parking Lot / Curb Cuts	<input type="checkbox"/> <input type="text"/>
Description of Exterior Changes (attach additional pages if necessary )			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

For each item checked above, please attach supporting documents including:

Photograph of existing conditions  
Dimensions, details of proposed change including location and position on building  
Site plan and an illustration of proposed change  
Samples of colors and/or materials to be used

Return completed application with attachments to

Room 306, Civic Center Complex 1  
NW Martin Luther King Jr. Blvd.  
Evansville, IN 47708  
812-436-7804  
email: [bpurtzer@evansville.in.gov](mailto:bpurtzer@evansville.in.gov)  
cc: [jlswatzell@evansville.in.gov](mailto:jlswatzell@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	<input type="text"/>	If Applicant is Not Building Owner, Signature of Building Owner	<input type="text"/>
Printed Name of Applicant	<input type="text"/>	Printed Name of Building Owner	<input type="text"/>

#### FOR DEPARTMENT USE ONLY

Completed Application Received	<input type="text"/>	Design Review	<input type="text"/>	Initial ERC Review	<input type="text"/>
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