

<b>City of Orting</b> Department of Planning & Community Development <b>ARCHITECTURAL DESIGN REVIEW APPLICATION FORM</b>		File No. _____ App. Type _____ Fee Paid \$ _____ Date Rec'd _____
Name of Project/Development:		
<b>APPLICANT/CONTACT PERSON</b>		
Name:		
Address:		
City:	State:	Zip: Phone:
<b>DESCRIPTION OF PROPOSED ACTION</b>		
<b>PROPERTY DESCRIPTION</b>		
Location of subject property:		
Legal Description (attach additional pages as required):		
Tax Parcel No.	1/4 Sec.	Sec. Twn. R.
Size (ac./sq. ft.)	Comp. Plan designation	Zone
Current Use		
<b>AUTHORIZATION TO FILE: SIGNATURE OF ALL PERSONS WITH AN INTEREST IN THE PROPERTY</b>		
Name		Name
Signature		Signature
Tax No or Lot & Subdivision		Tax No or Lot & Subdivision
<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchase <input type="checkbox"/> Option Purchaser* Option Expiration Date _____ *Owners signature also required		<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchase <input type="checkbox"/> Option Purchaser* Option Expiration Date _____ *Owners signature also required
<b>CERTIFICATION</b>		
I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the above authorization.		
Signature:		Date: