



City of Orting

104 Bridge St. S., PO BOX 489, ORTING WA 98360

Phone: (360) 893-2219 - FAX: (360) 893-6809

www.cityoforting.org

City use only

ADR#:	_____
Date Received:	_____
Fee Paid:	_____
Review Date:	_____

ARCHITECTURAL DESIGN REVIEW APPLICATION FORM

Name of Project/Development: _____

Applicant Name: _____

Mailing Address: _____

City

State

Zip Code

Description of Proposed Action:

Location of Subject Property: _____

City

State

Zip Code

Legal Description (*attach additional pages as required*): _____

Parcel No.: _____ Zone: _____ Size (SQFT): _____

Current Use:

AUTHORIZATION TO FILE:

SIGNATURE OF ALL PERSONS WITH AN INTEREST IN THE PROPERTY

Name: _____ Signature: _____

Tax No. or Lot & Subdivision: _____

Owner Contract Purchase Option Purchase (*owner signature also required*)

Name: _____ Signature: _____

Tax No. or Lot & Subdivision: _____

Owner Contract Purchase Option Purchase (*owner signature also required*)

CERTIFICATION

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