



# ARCHITECTURAL REVIEW COMMITTEE DESIGN REVIEW APPLICATION

Bay City Planning Division, 301 Washington Ave., Bay City, MI 48708

989/894-8180

FAX 989/894-8213

Case # \_\_\_\_\_

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

### Property Location:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Applicant:

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

### Property Owner (If different from Applicant):

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Project Information:

General description of modifications or Improvements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As an illustration of this request, I/ We have attached a plot plan(s) of the premises drawn to scale showing the location of all existing and proposed structures, improvements, and uses on the property as well as any information required by ordinance.

I/ We understand and agree, upon execution and submission of this application, that I/ we agree to abide by all provisions of the Bay City Zoning Ordinance as well as all procedures and policies of the Bay City Architectural Review Committee as those provisions, procedures, and policies relate to the handling and disposition of this application; that the above information is true and accurate to the best of my/ our knowledge.

Applicant Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**The completed application with all required materials must be received no later than 2:00 p.m. on the day of the Filing Deadline. Applications submitted later than 2:00 p.m. will not be accepted.**

I certify that I have reviewed the application and that it is complete with all required materials attached.

Staff signature \_\_\_\_\_ Date \_\_\_\_\_