Evansville Redevelopment Commission Downtown Design Review Application

Date		Redevelopment Area		
Location of Property				
Anticipated Project Star	t Date		Anticipated Project End	Date
Name of Applicant	Building Owner Leasee			
Applicant's Address				
Applicant's Phone			Applicant's Email	
Name of Contractor	ontractor			
Contractor's Address				
Contractor's Phone			Contractor's Email	
Exterior Changes (check all that apply)	New Construction	Signage		Landscaping
	Rehabilitation / Renova	ation Awning	/ Canopy	Other Exterior Rehab
	Demolition	Parking 2	Lot / Curb Cuts	
Description of Exterior Changes (attach additional pages if necessary)				
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: Department of Metropolitan Development - Attn: Adam Rice 1 NW MLK Jr Blvd, Rm 306				
Evansville IN 47708 812-436-7804				
email: arice@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		in	Applicant is Not Build- g Owner, Signature of uilding Owner	
Printed Name of Applicant			inted Name Building Owner	
FOR DEPARTMENT USE ONLY				
Completed Application	Received	Design Review		Initial ERC Review