



APPLICATION FOR DESIGN REVIEW

CITY OF ALHAMBRA
DEVELOPMENT SERVICES DEPARTMENT
(626) 570-5034

1. Address of Subject Property: _____

2. Name of Property Owner: _____

3. Name of Business Owner: _____
(If applicable)

4. Name of Applicant: _____

Daytime Phone Number: () _____

Mailing Address: _____
(Street) (City) (Zip Code)

5. Applicant is: (Check One)

- Property Owner
- Business Owner
- Architect/Designer
- Contractor
- Agent for Owner

7. Nature of Request:

Check all appropriate boxes:

Residential:

- New Unit(s)
- One Story Addition
- Two Story Addition

Commercial/Industrial:

- New Building
- Addition
- Exterior Alterations
- Sign Review

Other: _____

8. Applicant's signature: _____

Date: _____

DO NOT WRITE BELOW LINE -- OFFICE USE ONLY

Date Filed: _____

Fee Paid: _____

Receipt No.: _____

Received By: _____

Preliminary Design Conference Completed

Yes -- Completed With: _____

Date: _____

No