

**TOWN OF CLARKDALE**890 Main Street
Clarkdale, AZ 86324
(928) 639-2500Please email completed form to:
communitydevelopment@Clarkdale.az.gov**COMMUNITY DEVELOPMENT
DEPARTMENT
DESIGN REVIEW BOARD
APPLICATION**

PLEASE PRINT

Date Received: _____
By: _____
Project # _____
Proj. Mtg. Date: _____
Parcel # _____
Zoning _____**IMPORTANT INFORMATION****STEPS FOR COMPLETING THE APPLICATION PROCESS:**

1. Review submittal deadlines and requirements.
2. Complete this application.
3. Contact our office at (928) 639-2500 to schedule the required Pre-Application Meeting.
4. Work with staff to determine all information required for submittal.
5. Submit your completed application.
6. Pay fee at the time of application submittal.

Please note: If the Town requires review from outside consultants, a deposit as initial payment towards the consultant's fees shall be paid by the applicant to the Town upon submittal of any development application. (Per Town Code, Section 3-5-3)

DESIGN REVIEW BOARD			
Hearing Date	Publication Date Sunday	Packet Distribution Deadline	Submittal Deadline
1/4/2023	12/18/2022	12/28/2022	12/6/2022
2/1/2023	1/15/2023	2/25/2023	1/2/2023
3/1/2023	2/12/2023	2/22/2023	1/30/2023
4/5/2023	3/19/2023	3/29/2023	3/6/2023
5/3/2023	4/16/2023	4/26/2023	4/3/2023
6/7/2023	5/21/2023	5/8/2023	5/4/2023
7/5/2023	6/18/2023	6/28/2023	6/5/2023
8/2/2023	7/16/2023	7/26/2023	7/3/2023
9/6/2023	8/20/2023	8/30/2023	8/8/2023
10/4/2023	9/17/2023	9/27/2023	9/4/2023
11/1/2023	10/15/2023	10/25/2023	10/2/2023
12/6/2023	11/19/2023	11/29/2023	11/5/2023

APPLICANT INFORMATION

PLEASE CHECK ALL THAT YOU ARE APPLYING FOR:

 DESIGN REVIEW SIGNS

THE APPLICANT WILL BE THE ONLY PERSON NOTIFIED BY THE TOWN OF THE MEETING SCHEDULE. IT WILL BE HIS OR HER RESPONSIBILITY TO NOTIFY OTHER PARTIES WHO MAY BE INVOLVED.

PROPERTY ADDRESS _____

APPLICANT NAME(S) _____

APPLICANT PHONE _____ APPLICANT E-MAIL _____

APPLICANT'S RELATIONSHIP TO PROPERTY OWNER _____

OWNER INFORMATION AND CERTIFICATION

PLEASE COMPLETE IF THE APPLICANT IS NOT THE PROPERTY OWNER.

PROPERTY OWNER'S NAME _____

PROPERTY OWNER'S PHONE _____ PROPERTY OWNER'S EMAIL _____

I certify I am an owner authorized to conduct business related to this property and the information and exhibits herewith are true and correct to the best of my knowledge in filling out this application. I am acting with the knowledge and consent of all persons in interest and understand that without the consent of all persons in interest the requested action cannot lawfully be accomplished. I give my permission for authorized officials of the Town of Clarkdale to enter the premises described in this application as necessary to determine the suitability of the request and to ascertain compliance with all applicable Town Codes.

SIGNATURE _____ DATE _____