

City of Durham Design Review Application No. _____

Project Title _____
Project Address _____
Site Size _____ Tax Map # _____ Tax Lot(s) _____
Proposed Use _____

Number of Buildings _____ Number of Units _____
Building (s) _____ Total Sq. Ft. Paving _____ Sq. Ft. Landscaping _____ Sq. Ft.
Valuation \$ _____ Estimate of Site Improvement & Landscaping \$ _____
Anticipated Development Dates (Mo./Year) Start: _____ Finish: _____
Anticipated Phases _____

Owner/Developer's Name: _____
(Circle as applicable)

Owner/Developer's Address _____
(Circle as applicable)

Owner/Developer's Business Phone _____ Fax _____
(Circle as applicable)

Representative's Name _____ Business Phone: _____

Representative's Address _____

Owner/Developer/Representative _____
(Circle as applicable) (Signature) (Date)

The "contact person" named in this application will receive all major correspondence from the Durham Planning Department, and that person is responsible for providing same to owners, architects, engineers, consultants, etc. In this case the "Contact Person" is

Name _____ Company _____
Address _____
Business Phone _____ Fax _____

I agree to provide all information to others with an interest in this project.

(Signature) (Date)

City of Durham 17160 SW Upper Boones Ferry Rd. Durham, OR 97224 Phone: 639-6851 Fax: 598-8595	Date Application Received _____ Fee: _____ Date Rcvd. _____
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