

TOWN OF ALPINE DESIGN REVIEW COMMITTEE

Project Application

THE FOLLOWING APPLICATION SHALL BE REQUIRED TO COMPLETE DESIGN REVIEW BASED UPON CRITERIA ESTABLISHED IN THE TOWN OF ALPINE'S DESIGN GUIDELINES PRIOR TO THE ISSUANCE OF A BUILDING PERMIT.

Physical Address:	
Name/Description:	

PIDN:		Lot #:		Subdivision:	
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Property Owner

Name:		Email:	
Mailing Address:		Phone:	
	City	State	Zip

Applicant/Agent

Name:		Email:	
Mailing Address:		Phone:	
	City	State	Zip

Designated Primary Contact:

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Property Owner

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Applicant/Agent

PROJECT DETAILS:

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT I HAVE READ THIS APPLICATION AND ASSOCIATED CHECKLISTS AND STATE THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL TOWN AND STATE LAWS RELATING TO THE SUBJECT MATTER OF THIS APPLICATION.

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Signature of Property Owner or Authorized Applicant/Agent

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Date

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Name Printed

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Title

TOWN OF ALPINE

| 250 RIVER CIRCLE | PO BOX 3070 307-654-7757 | OFFICE@ALPINEWY.GOV |