

CITY OF DODGEVILLE
DESIGN REVIEW APPLICATION
Reference Chapter 17.29

Date:

To: Design Review Board
City of Dodgeville

Applicant:
Address:
Phone: Email:

Owner of Property if other than Applicant
Name:
Address:
Phone: Email:

Names of Architect, professional engineer, or contractor if any:

<input type="text" value="SIGN ART STUDIO"/>	<input type="text"/>
<input type="text" value="325 W FRONT ST"/>	<input type="text"/>
<input type="text" value="MT HOREB WI 53572"/>	<input type="text"/>

Street Address of Property: Parcel #

Legal Description:

Type of Structure:
Signage:
Exterior lighting:
Landscaping:

Zoning District of Proposed site: **B-N Neighborhood Business**

Date of Application Submittal: (To be filled in by City Staff)

Who will appear at the hearing?

APPLICANT OR AGENT FOR APPLICANT MUST APPEAR AT THE HEARING

2nd page is for Design Review Board use only

**CITY OF DODGEVILLE
CERTIFICATE OF DESIGN REVIEW**

Reference Chapter 17.29

Date:

To: Building Inspector
City of Dodgeville

Applicant:

Address:

Phone: Email:

Owner of Property if other than Applicant

Name:

Address:

Phone:

Email:

Property Address: Parcel #

CONDITIONS OF APPROVAL

Design Review Chairman or Committee member