Kleman Plaza Design Review Board

Application for Development Certification

Section A

I. Type of Approval

( ) New Construction
( ) Variance Request
( ) Renovation
  ☐Exterior ☐Interior
( ) Demolition
( ) Other _____

II. Phase of Approval

( ) Schematic
( ) Design Development
( ) Construction Documents
( ) Other _____

III. District

( ) 0-1
( ) 0-G

NOTE: The application for Certification shall be filed with the Chairman of the Kleman Plaza Design Review Board, 3rd Floor, City Hall, Mailbox A-17, Tallahassee, FL 32301, (850) 891-8886. Submittals must include the original and 10 copies of drawings plus samples, colors, sizes, etc. Attach additional sheets as required. Photographs must be provided with application to fully illustrate the appropriate context within which this project is to take place. Drawings, sketches or electronic media of the proposed project within the context illustrated are to be presented.

Section B

I. Project Information

Name:_____

Address: _____ City/State: _____ Zip: _____

Project Description:

_____

_____

_____

_____

Lots(s): Size (frontage) _____ (depth) _____ Floor Area: _____

II. Applicant

Name: _____ Phone: (_____)_____

Address: _____ City/State: _____ Zip: _____

III. Architect

Name: _____ Phone: (_____)_____
Address: _____ City/State: _____ Zip: _____

IV. Contractor

Name: _____ Phone: (_____)_____
Address: _____ City/State:_____Zip: _____

V. Owner

Name: _____ Phone: (_____)_____
Address: _____ City/State: _____ Zip: _____

VI. Variance

Explanation/Justification:

_____
_____
_____
_____
_____
_____
_____

VII. Historical Significance: (Complete only for demolition, renovation or monument approval requests)

_____
_____
_____
_____
_____
_____
_____

Section C

I certify that the above is a correct and accurate representation of the project to the best of my knowledge.

Signature of Applicant_____Date: _____

I authorize the above applicant to act as my agent through the application process.

Signature of Applicant_____Date: _____