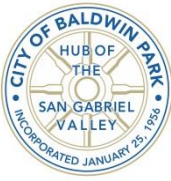


DESIGN REVIEW (DR) APPLICATION

PREPARED BY:

Planning Division
Community Development Department
City of Baldwin Park

October 8, 2019



DESIGN REVIEW

CITY OF BALDWIN PARK
14403 E. PACIFIC AVE.
BALDWIN PARK, CA 91706
(626) 813-5261

APPLICATION INFORMATION

Name of Applicant(s) _____
Applicant's mailing address _____
Phone No. _____ Email address _____
Owner(s) of Record _____
Owner's Address _____

PROJECT INFORMATION

Location _____
Assessor's Parcel Number(s) _____ Existing Zoning for Parcel _____
Gross Lot Size _____ S.F. Lot Coverage (building footprint/net lot size) _____ S.F.
Building Height _____ FT Number of Bedrooms _____
Existing Building Square footage _____ Proposed Building Square Footage _____
Purpose of Request _____

CERTIFICATION STATEMENT:

I/We understand that the DR Plan review shall be charged at a flat rate of _____ which will include two (2) revisions. After which I understand I will be charged a fee based hourly rate of staff time + actual cost of City Attorney if applicable. Should my fees be depleted at any time prior to the completion of the process, the process will be suspended until additional deposits, the amount of which shall be determined by the City Planner, are made. Failure to provide additional funds within ten (10) days after notification of depletion shall be cause for withdrawal of this application. I also understand that prior to the issuance of any future building permit(s) associated with this application, all fees must be collected and deposit accounts settled. Further I/we acknowledge the filing of this application and certify that all of the above information is true and accurate and that I/we have familiarized myself/ourselves with the relevant provisions of the Baldwin Park Zoning Code.

Signature

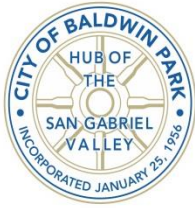
Date

Signature

Date

	<u>Submittal Requirements</u>	<u>Quantity</u> (All plans shall be stapled, folded, and collated)
	Architectural Plans (Site plan, Floor plan, Elevations)	5 copies
	Window and door Schedule	On each floor plan page
	Color and materials legend (on each elevations page)	1 colored, 4 black & white
	Notarized Owner's Affidavit	1 copy

File No. _____ Fee: _____ Received By: _____ Date _____



OWNER'S AFFIDAVIT

I/We _____ the undersigned, hereby declare under the penalty of perjury that I am the owner of the property involved in this request, and hereby authorize _____ to file an DESIGN REVIEW APPLICATION on the property located at _____ in the City of Baldwin Park for _____ (type of development).

Property Owner's Signature

Date

Property Owner's Name (Printed)

Property Owner's Address

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
CITY OF BALDWIN PARK

On _____, before me, _____, a Notary Public, personally appeared _____, who proved to me on the basis satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Name and Notary Commission No.)