



**Certificate of Compatibility Application
 BID #1 Design Review Board**



Please return the completed application to:
**Community & Development Services
 Department**
 300 W. Ash, City-County Building, Room #201
 Salina, KS 67402-0736
 785-309-5720 FAX 785-309-5713
 Email: plangroup@salina.org

- The City Planning Division:*
- Provides technical assistance to the applicant
 - Receives the completed application
 - Provides a copy of the application to the SDI Office for input
 - Schedules the Design Review Board hearing
 - Presents the application to Design Review Board
 - Provides notice of approval to applicant

Please see the Schedule for Design Review Board hearings for the deadline for submissions. The applicant must attend the review hearing in order for the item to be considered at that meeting.

Applicant Please Complete the Following:

- Property Address _____
- Name of Business _____
- Applicant's Name _____
- Applicant Ph. _____
- Applicant's Address _____
- Email _____
- Property Owner Name (if different) _____
- Property Owner Address _____
- Contractor/Architect _____
- Owner Ph. _____
- Contractor/Architect Address _____
- Phone _____
- Email _____

13. What kind of work is proposed? (Please check all that apply)
- Renovation or repair Demolition Sign or Canopy New Construction Paint
- Other, please describe _____
14. Approximate cost of project (including labor and material) \$ _____

Please attach the following materials to the application:

- Please include Certificate of Compatibility Application Fee of \$35.00 payable to the "City of Salina".***
- Representative color photographs showing existing structure(s) and the location for the proposed work.
- Small-scale projects must include a floor plan that shows the existing structure and location of the proposed work.
- For larger or complex projects, provide architectural drawings such as site plan, floor plans, elevations, wall sections and/or detail drawings.
- Material samples or product specifications indicating color, form, profile and texture.
 See also the attached *Guide to Completing a Certificate of Compatibility Application* for required submittal material.

Briefly describe the nature of the proposed work, the condition of existing materials, the replacement/new materials and/or the method of rehabilitation (attach additional sheets if necessary):

Applicant Signature: _____ Property Owner Signature _____
 _____ Date _____ Date _____

For Staff Use:	Application No. #CC _____
Legal Description of Property _____	_____
Current Zoning _____	Current Use _____
Date Filed _____	Accepted by _____
Date of Publication _____	Building/Sign Permit No. _____
Property Owner Notice Sent _____	Heritage Commission Review (y/n) _____
Date of Hearing _____	Approval Notification Sent _____

PLF-039