

## **City of Lorain Design Review Board Application Requirements for Certificate of Appropriateness**

1. Complete application
2. A cover letter, (description of proposed work)
3. Building Elevations - drawings showing the front, rear and side elevations of the proposed structure(s) which include the color and a description of all materials and color samples for proposed materials.
4. Site Plan showing location, type, size or dimensions of proposed and/or existing structures and site features including landscape detail, parking lots, retention ponds, signage, dumpster location, fencing, light locations, etc.
5. Photographs showing the proposed project site and surrounding properties.

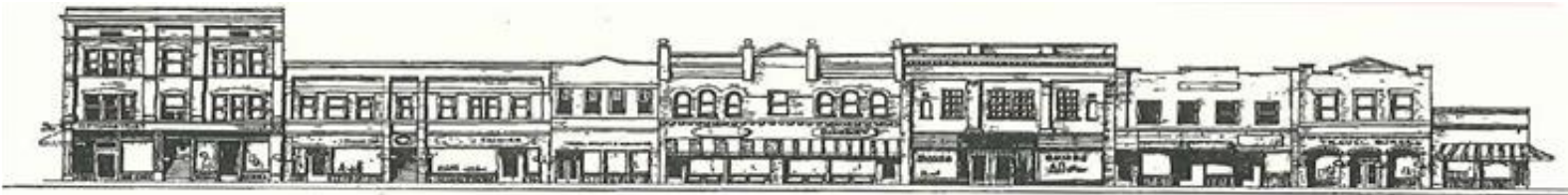
Each application is reviewed in terms of its compatibility with the accepted Design Guidelines. A copy of these guidelines may be obtained through the Department of Building, Housing & Planning.

Meetings are held in Lorain City Council Chambers on the 2<sup>ND</sup> Tuesday of the month at 3:30pm. The applicant or their agent must be present.

All complete applications and required documentation must be submitted at least fourteen (14) days prior to the next regularly scheduled meeting. Incomplete applications will not be forwarded to the board for review.

Please submit complete applications and required documents to:

*Evelisse Atkinson, Planning & Zoning Administrator*  
City of Lorain, Building, Housing & Planning  
200 West Erie Ave., 5<sup>th</sup> Floor, Lorain, Ohio 44052  
P: 440-204-2306 Email: [Evelisse\\_Atkinson@cityoflorain.org](mailto:Evelisse_Atkinson@cityoflorain.org)



DRB \_\_\_\_\_

## Application for Certificate of Appropriateness

APPLICATION IS HEREBY MADE TO THE CITY OF LORAIN DESIGN REVIEW BOARD FOR A CERTIFICATE OF APPROPRIATENESS, CHAPTER 1133. THE BOARD MAY APPROVE, APPROVE WITH CONDITIONS, OR DENY AN APPLICATION

OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (BUSINESS) \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHECK ALL THAT APPLY:

<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Demolition
<input type="checkbox"/>	New Signage	<input type="checkbox"/>	Rehab of Signage	<input type="checkbox"/>	Painting
<input type="checkbox"/>	Parking Lot	<input type="checkbox"/>	Porch/Patio	<input type="checkbox"/>	Door(s)/Window(s)
<input type="checkbox"/>	Roof	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Exterior Lighting
Other: _____					

BRIEF DESCRIPTION OF WORK:

\_\_\_\_\_  
\_\_\_\_\_

WHO WILL BE PERFORMING THE WORK?

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPROXIMATE COST OF WORK: \_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE

\_\_\_\_\_

DATE