



D. R. _____

CITY OF INGLEWOOD
APPLICATION FOR DESIGN REVIEW

Address of Project _____

Name of Project _____

Legal Description _____

Property Owner's Name and Full Address _____

Fully Describe the Proposed Development

I/We _____ (am/are/represent) the owner(s) of the subject property. I/We hereby submit the following plans for approval by the Inglewood Planning Commission as required by Article 14 of the Inglewood Municipal Code. I/We understand and agree that this application cannot be filed until such time as all materials required are submitted in complete and proper form, and that subsequent corrections and information may be required to be submitted.

Applicant Signature(s) _____

Street _____

City/Zip _____

Day Phone _____

Primary contact person (To whom all correspondence will be sent; to be filled in even if same as applicant.)

Name _____ Day Phone _____

Address _____ City/Zip _____

Plans Required for Review:

Number	Type of Plan	Name, Address and Phone Number of Project Architect, Landscape Architect, Engineer, Ect.,
_____	Plot Plan	_____
_____	Landscape Plan	_____
_____	Floor Plan	_____
_____	Parking Plan	_____
_____	Elevations	_____
_____	Perspective	_____
_____	Photographs	_____
_____	Photographs	_____
_____	_____	_____

Comments

AFFIDAVIT

STATE OF CALIFORNIA) COUNTY
OF LOS ANGELES) SS.

I, _____, BEING DULY SWORN DEPOSE AND SAY THAT I AM
AN OWNER OF THE PROPERTY INVOLVED IN THIS PETITION, AND THAT THE FOREGOING SUBMITTED ARE IN ALL
RESPECTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed _____

Mailing Address _____

Phone No. _____

Day Phone _____

Subscribed and sworn to before me this _____ Day of _____

Notary Public

OFFICE USE ONLY

COMMENTS

ENVIRONMENTAL ASSESSMENT CATEGORICALLY EXEMPT	
<input type="checkbox"/> YES	<input type="checkbox"/> INITIAL STUDY REQUIRED

DATE REC'D _____ BY _____ FEES _____ OTHER CASE _____