



Municipality of Norristown

Municipal Council

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Design Review Board Application

File No.: _____

Address of Property: _____

Is this being reviewed for (please check all that apply):

_____ Land Development _____ Conditional Use _____ Zoning Hearing Board

Name of Applicant: _____

Address of Applicant: _____

Email Address: _____

Telephone Number: _____

Name of Property Owner: _____

Address of Property Owner: _____

Telephone Number: _____

Brief Description of Project (please include all exterior improvements): _____

Please Include the Following with Application:

- _____ 7 Copies of Materials List
- _____ 7 Copies of Site Design
- _____ 7 Copies of Architectural Rendering(s)

The Undersigned does hereby make application to the Design Review Board as indicated above and affirms that the information contained herein is true and correct.

Applicant: _____ Date: _____

Owner: _____ Date: _____

Date Received: _____

By: _____