CDR PROJECT APPLICATION FORM

Note: For a project application to be considered for a Civic Design Review agenda, complete and accurate submittals must be received no later than 4 P.M. on the submission date. A submission does not guarantee placement on the agenda of the next CDR meeting date.

|  |  |
| --- | --- |
| **L&I APPLICATION NUMBER:** |  |

**What is the trigger causing the project to require CDR Review? Explain briefly.**

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|  |
|  |
|  |

**PROJECT LOCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Planning District:** |  | **Council District:** |  |

|  |  |
| --- | --- |
| **Address:** |  |
|  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Is this parcel within an Opportunity Zone?** | **Yes** |  | **No** |  | **Uncertain** |  |
| **If yes, is the project using Opportunity Zone Funding?** | **Yes** |  | **No** |  |

**CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name:** |  | **Primary Phone:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Email:** |  | **Address:** |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Property Owner:** | |  | | **Developer** |  |
| **Architect:** |  | |

**SITE CONDITIONS**

|  |  |  |
| --- | --- | --- |
| **Site Area:** |  | |
|  | | | | | | | | | |
| **Existing Zoning:** | |  | | **Are Zoning Variances required?** | **Yes** |  | **No** |  |
|  | | | | | | | | | |

**SITE USES**

|  |  |
| --- | --- |
| **Present Use:** |  |

**Proposed Use:**

*Area of Proposed Uses, Broken Out by Program (Include Square Footage and # of Units):*

*Proposed # of Parking Units:*

**COMMUNITY MEETING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Community meeting held:** | **Yes** |  | **No** |  |
|  | | | | | |

**If yes, please provide written documentation as proof.**

**If no, indicate the date and time the community meeting will be held:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Time:** |  |

**ZONING BOARD OF ADJUSTMENT HEARING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ZBA hearing scheduled:** | **Yes** |  | **No** |  | **NA\_\_\_\_\_\_** |
|  | | | | | | |

**If yes, indicate the date hearing will be held:**

|  |  |  |
| --- | --- | --- |
| **Date:** |  |  |