

Mailing: 70 Kent Street Charlottetown, PE, C1A 1M9 **Tel:** 902-629-4158 **Fax:** 902-629-4156 **Website:** www.charlottetown.c

For Office Use Only				
File #:	Zone:			
Permit #:	Permit Fee:			
PID #:	Received:			

Email: planning@charlottetown.ca Website: www.charlottetown.ca **DESIGN REVIEW APPLICATION** TYPE OF WORK (FOR OFFICE USE ONLY) Required Review Secondary Review Project review waived by the Design Review Board **CONTACT INFORMATION** Name: Address: Cell: **APPLICANT** Phone: Email: Postal Code: _____ Address: Name: OWNER Phone: Cell: Postal Code: Email: Name: Address: CONTRACTOR. Cell: ARCHITECT, Phone: OR ENGINEER Email: Postal Code: **PROJECT INFORMATION Project Location:** □ No Located in the 500 Lot Area: ☐ Yes \square No Affordable Housing Project: ☐ Yes ☐ No **DETAILED PROJECT DESCRIPTION** 5. APPLICATION REQUIREMENTS ☐ Application Form with Fees ☐ Maps & Survey Plan \square Others ☐ Permission from **Owner** Application Fee **Current Survey Plan** Architectural Plans (\$400); and showing the existing with and Elevation If Applicant is any proposed alterations. Drawings Design Review Fee not the property (\$2500)Map of area showing Specifications for Owner, Owner property and surrounding Exterior materials must grant parcels and uses to be used permission to apply. 6. **DECLARATION & SIGNATURE**

I do solemnly declare that I am the Authorized Agent of the Owner/the Owner named in the Application and certify that the statements contained are true and complete, and are made with full knowledge of the circumstances connected with this Application.

SIGNATURE OF APPLICANT:	DATE:	