## BEAUFORT COUNTY PLANNING DIVISION **DESIGN REVIEW BOARD (DRB)**

APPLICATION FORM

Please TYPE or PRINT legibly

| Date of Subi                 | mittal for DRB Meeting Date   |
|------------------------------|---|
| Project Nam                  | ne  |
| <b>Project Add</b>           | ress  |
| <b>Property Zo</b>           | ning  |
| Tax Map/Pa                   | rcel No.  |
| Project Arcl                 | nitect  |
| Phone/Emai                   | ]*  |
| Project Lan                  | d. Arch.  |
| Phone/Emai                   | <u> </u>  |
| Project Engi                 | ineer   |
| Phone/Emai                   | ]*  |
| <b>Project Deve</b>          | eloper  |
| Address                      |   |
| Phone/Emai                   | <u> </u>  |
| * Email addres               | sses required. If no email address is available, list fax number.   |
| Project Subi                 | mittal Category:  |
|                              | Conceptual  |
|                              | Final   |
|                              | Conceptual - Architecture   |
|                              | Other   |
| factual and c<br>Review Boar | f my knowledge, the information on this application and all additional documentation is true, complete. I hereby agree to abide by all conditions of any approvals granted by the Design d. I understand that such conditions shall apply to the subject property only and are a right or insferable by sale. |
| Developer of                 | r Acting Representative's Signature Date  |

This form must be submitted with every application. Signature is required only on conceptual application. Application Fee (Per Submittal): \$175.00 (new projects) / \$100.00 (major revisions) / \$50.00 (minor revisions) Make checks payable to Beaufort County.

Call County Design Review Board Administrator at (843) 255-2140, if you have any questions