



DOWNTOWN
CERTIFICATE OF DESIGN COMPLIANCE
APPLICATION

ADDRESS OF PROPERTY: _____

APPLICANT/OWNER NAME: _____

ADDRESS: _____

CITY: _____ ST: ____ ZIP: _____

PHONE: _____

DESIGNER/ARCHITECT: _____

ADDRESS: _____

CITY: _____ ST: ____ ZIP: _____

PHONE: _____

PROPOSED START DATE OF PROJECT: _____

PROPOSED COMPLETION DATE OF PROJECT: _____

**I UNDERSTAND THAT IT IS NECESSARY THAT I OR MY AUTHORIZED
AGENT BE PRESENT AT THE CITY OF SULPHUR SPRINGS DOWNTOWN
REVITALIZATION BOARD PUBLIC HEARING.**

SIGNS:

SQUARE FOOTAGE OF FACADE: _____

1. SIGN: _____ SQ. FT. _____

MATERIAL: _____

2. SIGN: _____ SQ. FT. _____

MATERIAL: _____

3. SIGN: _____ SQ. FT. _____

MATERIAL: _____

4. SIGN: _____ SQ. FT. _____

MATERIAL: _____

A PROFESSIONAL DRAWING OR SKETCH OF EACH SIGN AND ITS PLACEMENT ON THE FAÇADE MUST BE SUBMITTED WITH THE APPLICATION.

FACADE:

PAINT COLOR(S):

COLOR: _____

LOCATION: _____

COLOR: _____

LOCATION: _____

COLOR: _____

LOCATION: _____

A PROFESSIONAL DRAWING OR SKETCH OF THE PROPOSED EXTERNAL ALTERATION MUST BE SUBMITTED WITH THE APPLICATION.

THE DOWNTOWN REVITALIZATION BOARD REQUIRES SUBMISSION OF PRODUCT SAMPLES AND OTHER SPECIFIC TECHNICAL INFORMATION PERTINENT TO DESIGN REVIEW DECISIONS.

