City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362
Phone (503) 845-9291 Fax (503) 845-6261

Bavarian Theme Design Review Application

Applicant's Name: _____

Mailing Address: _____

_____

Phone: _____(Home/Work) _____(Work/Cell)

Location of Building: _____

Description of Project: _____

_____

_____

Designer/Architect Name: _____

Mailing Address: _____

_____

Phone: _____(Work) _____(Cell)

Design Proposal Applications must be accompanied by:

1. To scale, detailed color sketches of the proposed construction and design (max. size 18" X 24"), clearly defining roof material, siding materials, finish, paint or other procedure used or applied on all exterior walls and trim.

2. A plot plan, drawn to scale, showing the exact location of the building and its relationship to the surrounding structures. Indicate dimensions of building, setback distance from all property lines, dimensions and location of accessory buildings and existing buildings on the property.

Applicant's Signature: _____ Date:_____

FOR OFFICE USE ONLY

Received by: _____ Date: _____

☐ Color Sketches ☐ Plot Plan

ACTION TAKEN BY DESIGN REVIEW BOARD

Date: _____ ☐ Approved ☐ Approved with Conditions ☐ Denied

Conditions: _____

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Reason for Denial: _____

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Design Review Board