



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
10 North Bemiston Avenue, Clayton, Missouri 63105
(314) 290-8453 • FAX (314) 863-0296

APPLICATION FOR ADMINISTRATIVE PLANNING/ARCHITECTURAL REVIEW*

(PLEASE PRINT)

* THIS APPLICATION IS ONLY TO BE USED FOR EXTERIOR ALTERATION PROJECTS THAT DO NOT REQUIRE A BUILDING PERMIT, BUT DO REQUIRE PLANNING AND/OR ADMINISTRATIVE ARCHITECTURAL REVIEW (i.e. retaining/decorative walls less than 4-feet in height (including the footing) not located in a front yard area, a change/increase in impervious coverage, landscape revisions, changes in exterior materials (driveways, siding, windows, etc.). *If the project you are applying for herein has received formal approval by the City's Architectural Review Board, the \$85 application fee (referred to below) is waived.*

- \$85.00 application/review fee must accompany this application.
- Subdivision Trustee or Condominium Association approval, if applicable (unless already provided)
- Two (2) plan sets to include photos of existing & renderings (preferably in color) of proposal for comparison purposes, site plan/survey (existing and proposed depicting coverage calculations), material specifications, elevations (feel free to submit additional documentation that will aid staff in their review)

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Project Address: _____ Suite/Unit _____ (REQUIRED)

Residential Commercial / is the property located in the flood plain: Yes No

Project Description: _____

Applicant's Name _____

Applicant's interest in property: Owner Contractor Design Professional Other _____

Applicant's Phone (_____) _____ Alternate Phone (_____) _____

Applicant's Address _____

City _____ State _____ Zip Code _____ Phone (_____) _____

Applicant's E-Mail Address _____

Property Owner's Name (if different than applicant) _____

Owner's Address _____

City _____ State _____ Zip Code _____ Phone (_____) _____

Owner's E-Mail Address _____

Occupant Name & Contact Information: _____

Design Professional Name & Contact Information: _____

**APPLICATION FOR ADMINISTRATIVE
PLANNING/ARCHITECTURAL REVIEW (continued)**

Contractor _____

Contractor's Address _____

City _____ State _____ Zip Code _____ Phone (____) _____

Contact Person's Name _____

Contact Person's Phone Number & E-Mail Address _____

Has this project received Plan Commission/Architectural Review Board Approval: Yes Date: _____ No N/A

____ (Initial) I certify that the submitted plans accurately reflect the plans that were approved by the Plan Commission/Architectural Review Board and all changes have been clouded and note referenced.

Has this project received approval for a variance: Yes Date: _____ No N/A

Subdivision/Condominium Name _____

Subdivision Trustee/Condominium Association Approval: Yes – Copy Attached No N/A

Project narrative and specific location on building or site _____

Realistic cost of project: \$ _____

I hereby certify the above information is correct and that I am the legal owner of the property or have been authorized by the owner to make application for the work described above.

Signature _____ Date _____

Please Print Name _____
