



Village of South Russell

BUILDING AND ZONING DEPARTMENT

440-338-1312

building@southrussell.com

ARCHITECTURAL REVIEW BOARD APPLICATION

OFFICE USE ONLY

ARB CASE # _____

ARB FEE: **\$90.00** _____

ARB APP #: _____

ARB RECEIPT #: _____

ZONING STATUS _____

APPLICANT INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

****REQUIRED ZONING APPLICATION (Z-1 FORM) MUST ACCOMPANY THIS APPLICATION****

CONTRACTOR OR ARCHITECT INFORMATION

CONTRACTOR/ARCHITECT: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

DESCRIPTION OF REQUEST (See submittal guidelines for required attachments)

*****UPON BOARD APPROVAL, PERMIT(S) MUST BE OBTAINED. *****

If Board approval is obtained, the applicant, by signing below, hereby acknowledges and understands that permits must still be obtained from the Building & Zoning Department prior to starting any work.

Applicant's Signature

Date

Print Name

	ARB USE ONLY	
ARCHITECTURAL REVIEW BOARD APPROVAL:	_____	Date: _____
	_____	Date: _____
	_____	Date: _____