



CITY OF DUNEDIN
Design Review Assistance Program Application

I. APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

II. PROPERTY OWNER INFORMATION (IF DIFFERENT FROM ABOVE)

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

III. PROJECT SITE

PROPERTY ADDRESS: _____

USE OF PROPERTY: _____

PARCEL NO.: ____ - ____ - ____ - ____ - ____ - ____
 SEC TWP RGE SUB DIV BLK LOT

FLOOD ZONE: _____ FLOOD MAP PANEL NO.: _____

ZONING DISTRICT: _____ LAND USE DISTRICT: _____

IV. PROJECT PROPOSAL

(DESCRIBE THE PROPOSED SCOPE OF WORK. ATTACH ADDITIONAL SHEET IF NECESSARY)

V. PROJECT BUDGET

(SUBMIT ITEMIZED BUDGET INDICATING AMOUNT AND USE OF FUNDS REQUESTED)

SITE PLAN

COST

PROGRAM MATCH

VI. ATTACHMENT(S)

ATTACH ARCHITECT OR ENGINEER'S ESTIMATE OF COST. ALTERNATIVELY, YOU MAY SUBMIT (2) COMPETITIVE CONTRACTOR'S BIDS.

VII. AFFIDAVIT

I SWEAR THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE. I FURTHER AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THIS PROGRAM AS PRESENTED IN THE PROGRAM DESCRIPTION.

SIGNATURE

Date

VIII. APPROVAL

Planning & Development Director

Date

CRA/Economic Development Director

Date

APPROVAL BY THE DEVELOPMENT REVIEW COMMITTEE AND CRA/ECONOMIC DEVELOPMENT DEPARTMENT IS REQUIRED BEFORE BEGINNING ANY WORK. Submit your application to the City of Dunedin, P. O. Box 1348, Dunedin, Florida 34697-1348 or deliver to 737 Loudon Street, 2nd Floor. Contact persons: Lael Giebel at 727/298-2755 and Bob Ironsmith at 727/298-3204. The City of Dunedin retains the right to reject applications which are not consistent with the intent of this program.