

## **DESIGN REVIEW BOARD APPLICATION**

- \_\_\_\_\_ 1. OBTAIN DRB APPLICATION FOR CERTIFICATE OR APPROVAL FOR RESTORATION, REHABILITATION, RECONSTRUCTION, ERECTION, DEMOLITION, MOVING, OR ALTERATION OF ANY CERTIFIED HISTORIC STRUCTURE, PROPERTY, OR SITE WITHIN THE CITY OF LAS VEGAS, AND MAKE APPOINTMENT WITH THE COMMUNITY DEVELOPMENT DIRECTOR TO REVIEW APPLICATION. (OBTAIN DEADLINE DATE FROM SECRETARY)
- \_\_\_\_\_ 2. COMPILE LEGAL DESCRIPTION, SITE PLAN, BUILDING FLOOR PLAN AND DETAILS FOR ALL PROPOSED WORK TO BE DONE. LIST ALL DISTANCES IN FEET. DRAWINGS / PLANS MUST BE ON LEGAL SIZE PAPER.
- \_\_\_\_\_ 3. CHECK WITH MAIN STREET ARCHITECT, AT 1-800-432-4406 TO OBTAIN TECHNICAL ASSISTANCE ON PROPOSED RENOVATIONS AND COLOR SCHEMES.
- \_\_\_\_\_ 4. ATTACH ALL INFORMATION TO APPLICATION AND BRING WITH YOU TO YOUR APPOINTMENT PRIOR TO DESIGN REVIEW BOARD APPLICATION DEADLINE.
- \_\_\_\_\_ 5. BUILDING PERMIT FROM COMMUNITY DEVELOPMENT DEPARTMENT UPON APPROVAL OF APPLICATION FOR ALL WORK TO BE DONE (EXCEPT PAINTING).
- \_\_\_\_\_ 6. MUST BE PRESENT AT THE DESIGN REVIEW BOARD PUBLIC HEARING.

**APPLICATION FOR CERTIFICATE OF APPROVAL  
ORDINANCE NUMBER 05-01**

**A. GENERAL INFORMATION:**

**1. NAME OF APPLICANT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**2. NAME OF STRUCTURE, PROPERTY / SITE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**3. IS THE STRUCTURE, PROPERTY, OR SITE RECOGNIZED IN  
THE FOLLOWING:**

\_\_\_\_ NATIONAL REGISTER OF HISTORIC PLACES

\_\_\_\_ STATE REGISTER OF HISTORIC PLACES

\_\_\_\_ LOCAL REGISTER OF HISTORIC DISTRICT / LANDMARK

**4. OWNER OR LESSEE OR PROPERTY:**

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**5. CONTRACTOR:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**B. PROJECT INFORMATION:**

**1. WHAT IS THE CURRENT ZONE OF THIS PROPERTY?** \_\_\_\_\_

**2. STATEMENT OF PRESENT CONDITION REQUIRING MODIFICATION.**

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**3. WILL INTERIOR BE SUBJECT TO PUBLIC VIEW?**

YES  NO

**PLEASE CHECK ALL APPROPRIATE PROJECT ACTIVITIES PROPOSED.**

DEMOLITION / STRUCTUAL  NEW CONSTRUCTION

**EXTERIOR REPAIRS**

<input type="checkbox"/> ROOF REPAIR	<input type="checkbox"/> DOOR REPAIR	<input type="checkbox"/> BRICK REPAIR
<input type="checkbox"/> WINDOW REPLACEMENT	<input type="checkbox"/> GLAZING	<input type="checkbox"/> SIGNAGE
<input type="checkbox"/> LIGHTING	<input type="checkbox"/> SITE ALTERATION	<input type="checkbox"/> SIDEWALK REPAIR
<input type="checkbox"/> FAÇADE ALTERATIONS	<input type="checkbox"/> OTHER: PLEASE EXPLAIN: _____	

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**4. LIST PROPOSED WORK TO BE DONE SPECIFYING TYPES OF MATERIALS USED.**

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**5. DESCRIBED THE PROCESS AND PERSONNEL NEEDED TO ACCOMPLISH PROPOSED OBJECTIVES.**

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**6. HAVE YOU APPLIED FOR A BUILDING PERMIT?  YES  NO**  
(IF APPROVED PERMITS MUST BE OBTAIN FROM CODE ENFORCEMENT OFFICE)

**7. INDICATE THE DEGREE OF RESIDENTIAL / COMMERCIAL / INDUSTRIAL ACTIVITY:**

ACTIVE     MODERATELY ACTIVE     DECLINING

**8. CHARACTERIZE THE ENVIRONMENT OF THE PROJECT AREA BY DESCRIBING THE FOLLOWING CONDITIONS:**

GOOD REPAIR     DISREPAIR     DETERIORATED

**9. ATTACH PHOTOGRAPHS AND DRAWING OR PLANS SHOWING PROPOSED CHANGES. (THESE DOCUMENTS WILL BE RETAINED FOR RECORDS)**

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**APPLICANTS SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**OWNER SIGNATURE**

\_\_\_\_\_  
**DATE**