



PLANNING DIVISION

Community Development Department

NON-RESIDENTIAL DESIGN REVIEW PROCESS GUIDE

Architectural Design Review Process

The Non-Residential Design Review Guidelines are intended to apply to all existing non-residential buildings considering exterior modifications. The purpose of this process is to promote consistency in design, raise aesthetic value and minimize the negative visual impacts associated with box-like buildings.

May 2009

NON-RESIDENTIAL DESIGN REVIEW APPLICATION CHECKLIST

APPLICATION # _____ ACCEPTED BY _____ DATE _____

_____ APPLICATION (Included)

_____ APPLICANT CONTACT FORM (Included)

_____ REVIEW FEE

_____ SITE PLAN (**2 copies**)

_____ PROJECT NARRATIVE (Text describing how architectural design requirements have been met)

_____ COLOR RENDERINGS (Architectural Elevation for each building elevation) – **Two 24" x 36" (folded to 8½" x 11")**

_____ Reduction of all submitted materials (**1 set of 8½" X 11"**)

_____ COLOR AND MATERIALS PALETTE (For all elevations of all principal and accessory structures and site walls; This shall include roof material, accents, wainscot, etc.) (*Picture samples are required - actual materials will not be accepted*) (**2 copies**)

_____ SITE PHOTOGRAPHS (Showing site and adjacent properties illustrating the relationship between proposed development and adjacent development/properties) (**2 copies**)



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NON-RESIDENTIAL DESIGN REVIEW

APPLICATION # _____ SUBMITTAL DATE _____ FEES _____ ACCEPTED BY _____

PARCEL NUMBER(S)		EXISTING ZONING	
GROSS AREA (ACRE/SQ. FT.)		NET AREA (ACRE/SQ. FT.)	
DEVELOPMENT/PROJECT NAME			
ADDRESS/LOCATION			
REFERENCE CASES (LIST ALL PREVIOUS PLANNING CASES)			
PROPERTY OWNER			
ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER		FAX NUMBER	
CONTACT PERSON		EMAIL	
APPLICANT			
ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER		FAX NUMBER	
CONTACT PERSON		EMAIL	
ARCHITECT/ENGINEER			
ADDRESS			
CITY		STATE	ZIP CODE
REGISTRATION NUMBER			
PHONE NUMBER		FAX NUMBER	
CONTACT PERSON		EMAIL	
OWNER'S SIGNATURE			DATE

We value your comments!
www.peoriaaz.gov/devcomments

APPLICATION CONTACT

I hereby request that all verbal and written communication regarding the attached application be provided to:

TELEPHONE _____

FAX NUMBER _____

E-MAIL _____

Additionally, I understand that it is the above listed person's responsibility to communicate any verbal or written communications on said application to other members of the development team, including, but not limited to application comments, staff reports, action letters, meeting times, etc.

Applicant's Signature

Date