CITY OF STURGEON BAY

AESTHETIC DESIGN & SITE PLAN REVIEW BOARD

APPLICATION FOR ***CERTIFICATE OF APPROPRIATENESS***

Name:_____

Owner of Premises:_____

Address or Legal Description of Premises:

_____

Statement of Specific Item Requested for Approval:

_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____

Date Applicant

Date Received: _____

Staff Signature:_____

Date Approved/Denied:_____