

MEMORANDUM

TO: Appearance Review Applicants

FROM: West Dundee Community Development Department

The Appearance Review Commission meets the **second** Tuesday of each month. These meetings are held at the Village Hall located at 102 South Second St., West Dundee at **7:00 p.m.**

Meetings are subject to change.

Initial Submittal – Pre-application Conference

All applicants are encouraged to meet with the Community Development Director prior to submitting an application for consideration, in order to determine ordinance compliance. The following items shall be submitted at this time.

- Completed Appearance Review Appropriateness Approval Application
- Application for Sign Permit (if applicable)
- Permit Application for Construction (if applicable)
- Plat of Survey (if applicable)
- One set of plans, specifications, & color samples

Final Submittal

- Eleven additional sets of plans, specifications, & color samples, (twelve if the above set was not in compliance).
- Twenty-five (\$25) application fee

Final submittals are required to be at the Community Development Department ten (10) business days prior to the meeting in order to be considered for the next month's Appearance Review meeting.

If you have any questions please do not hesitate to call the Community Development Department at the number below.

Community Development & Fire Department
100 Carrington Drive, West Dundee, IL 60118
(847) 551-3806 * FAX (847) 551-3814



Community Development

100 Carrington Drive
West Dundee, IL 60118
847-551-3806 FAX 847-551-3814

Appearance Review Appropriateness Approval Application

Twelve sets of plans, specifications, color samples & a fee of \$25, are required as part of this application.

Date: _____

Job Address: _____

Business Name: _____

Manager / Owner: _____

Phone: _____ Fax: _____

Building Owner: _____

Owner Address: _____

Phone: _____ Fax: _____

- TYPE OF WORK PROPOSED:**
- New Construction
 - Exterior Alteration
 - Signage

Total Cost: _____

Explanation: _____

Contractor: _____ Phone: _____

Address: _____

Contact Person: _____ Phone _____

Email Address: _____ Fax: _____