



City of Belmont

37 N. Main St.
P. O. Box 431
Belmont, NC 28012
704 901-2610
Fax: 704 825 7713

Architectural Review Application - \$250

PROJECT/SUBDIVISION NAME: _____

PROPERTY OWNER INFORMATION

Name(s) _____

Address _____

Phone _____ Email _____

APPLICANT/BUILDER INFORMATION – Primary contact

Name(s) _____

Company _____

Address _____

Phone _____ Email _____

PROJECT ENGINEER

Name(s) _____

Company _____

Address _____

Phone _____ Email _____

SITE INFORMATION Residential subdivision Commercial subdivision

Property address/location _____

Parcel numbers _____

Number of existing lots _____ Number of proposed lots _____

Total site area _____ Total grading area _____

Present zoning _____

Approved project number _____ (assigned by planning department)

Building types(s) _____

By signing below, I agree to conform to all applicable city ordinances and zoning regulations. I also agree to obtain a building permit from Gaston County (if required), and to construct to the specifications of plans submitted and to building code standards regulating such work. I hereby affirm that the above information is accurate and correct to the best of my knowledge.

Signature of applicant: _____

Printed name: _____

Date: _____

OFFICIAL USE ONLY
DO NOT WRITE IN THIS AREA

Date received _____ Payment received _____

Receipt number# _____ Assigned planner _____