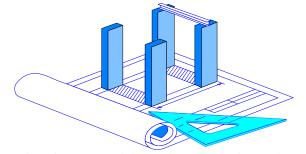
CASE	
No	



## APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

## **BUILDING IMPROVEMENT APPLICATION**

## DESIGN REVIEW BOARD/WARREN REDEVELOPMENT & PLANNING CORP.

Applicant:	Phone:
Building Owner:	Phone:
Building Address:	
Owner Address:(If different than above)	Phone:
Name of Architect:	
Address:	Phone:
<b>Description of Proposed Property Imp</b>	provements:
	<u> </u>
Please submit application along with phodescriptions to:	otographs, drawings, sketches and detailed
Warren Redevelopment and Planning Corp. 333 Harmon Ave NW Warren, Ohio 44483 Phone: 330-841-2566 Fax: 330-841-2738	
Date Received	Applicant Signature Date
	Building Owner Signature (if different from applicant)