

**APPLICATION FOR APPROVAL OF
ARCHITECTURAL DESIGN REQUIREMENTS
CITY OF COOKEVILLE, TENNESSEE**

Application (File) No. _____ **Building Permit No.** _____ **Date Filed:** _____

(Please type or print clearly)

Property Owner(s)

Name		Email
Address		
City	State	Zip Code
Phone	Cellular	

Applicant

Name		Email
Address		
City	State	Zip Code
Phone	Cellular	

Property Information

Property Address or Location	
Tax Map Identification	
Current Use of Property	Zoning Classification

Type of Project

- New Construction
 Addition
 Alteration
 Repair or Reconstruction

Description of Project

Description of Building Materials

Required Submissions

- Scaled architectural drawings of building elevations
 Vicinity map
 Material samples (if required by the Director of the Codes Department)
 Color samples (if required by the Director of the Codes Department)

Applicant Signature: _____

Return application to: Cookeville Codes Department
 P.O. Box 998
 45 East Broad Street
 Cookeville, TN 38503-0998
 (931) 520-5268

FOR STAFF USE ONLY

Date Received: _____
<input type="checkbox"/> Architectural Design Review Board Submittal Required