



**DESIGN REVIEW APPLICATION
CITY OF UPLAND
COMMUNITY DEVELOPMENT DEPARTMENT**

PROJECT ADDRESS/LOCATION:	FILE NO.: DR--
	RELATED FILES:
APPLICANT NAME: ADDRESS: PHONE: FAX: E-MAIL:	PROPERTY OWNER: ADDRESS: PHONE: FAX: E-MAIL:

PROJECT DESCRIPTION

APPLICANT CERTIFICATION

I hereby certify that the information provided is complete and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Signature

Date

DATE RECEIVED:	RECEIVED BY:	FEES:	RECEIPT NO:
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