

OLIVE BRANCH PLANNING DEPARTMENT
9200 PIGEON ROOST ROAD OLIVE BRANCH, MS 38654

DESIGN REVIEW APPLICATION
PHONE: 662-892-9334 FAX: 662-892-9346

(Office use only) APPLICATION FEE: *No Fee Required* RECEIVED BY: _____ DATE RECEIVED _____ PLANNER: _____

Please print all information in blue or black ink & attach additional sheets / cover letter as may be needed.

SITE PLAN NAME: _____

ADDRESS OF PROPERTY: _____

SUBDIVISION NAME/LOT #: _____

PARCEL IDENTIFICATION #(S) (<http://maps.desotocountymiss.gov/OneView/>): _____

SIZE OF PROPERTY (acres or sq. ft.): _____ EXISTING ZONING: _____

Note: If property owner is to be represented by another person, a Designation of Agent Form must be notarized and turned in with the application materials.

PROPERTY OWNER OR DESIGNATED AGENT	ADDRESS	TELEPHONE	EMAIL
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DEVELOPER/ENGINEER	ADDRESS	TELEPHONE	EMAIL
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ARCHITECT	ADDRESS	TELEPHONE	EMAIL
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LANDSCAPE ARCHITECT	ADDRESS	TELEPHONE	EMAIL
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I, the undersigned, being the owner of record, or the owner's designated agent, certify that the above information is true and correct to the best of my knowledge. I further agree that I am informed concerning the provisions of the Design Review Ordinance of the City of Olive Branch, Mississippi, as it pertains to the approval of the building and site plan by the City. Applicant states that the following items are included with this application at the time of submission:

(Please review the City of Olive Branch Design Review Ordinance for further details on what is specifically required for each plan.) Link to the online Design Review Regulations:
https://www.municode.com/library/ms/olive_branch/codes/code_of_ordinances?nodeId=COOR_CH36PL_ARTIIDERE_RE_DIV2MISTDE_S36-76FESC

PLEASE ATTACH:

_____ CIVIL SITE PLAN/DESIGN REVIEW APPLICATION CHECKLIST

_____ AN ELECTRONIC/DIGITAL COPY OF ALL APPLICATIONS AND EXHIBITS.

_____ SIGNATURE OF PROPERTY OWNER OR DESIGNATED AGENT	_____ DATE
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_____ CHAIRMAN, OLIVE BRANCH PLANNING COMMISSION	_____ APPROVE / DISAPPROVE	_____ DATE
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_____ MAYOR, OLIVE BRANCH AND BOARD OF ALDERMEN	_____ APPROVE / DISAPPROVE	_____ DATE
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