

ARCHITECTURE REVIEW APPLICATION

City of Starkville

110 West Main Street

Starkville, MS 39759

Ph:662.323.2525

Email: buildingdept@cityofstarkville.org



APPLICANT'S INFORMATION

Name: _____ Phone: _____

Company Name: _____

Name: _____

Email: _____

Address: _____

PROPERTY OWNER'S INFORMATION (IF NOT APPLICANT)

Name: _____ Phone: _____

Email: _____

Address: _____

PROPERTY INFORMATION

Project Name: _____

Property Address: _____

Parcel Number: _____ Current Zone District: _____

PROJECT INFORMATION

Project Description:

If Commercial, Proposed Number of Units: _____

If Residential, Proposed Number of Dwelling Units: _____

If Multi-Unit Residential, Proposed Number of Bedrooms: _____

Applicant's Signature: _____

Date: _____

Property Owner's Signature: _____

Date: _____ (required if not applicant)