



# City of Santa Barbara

## ARCHITECTURAL BOARD OF REVIEW (ABR) RESUBMITTAL COVER SHEET

Date: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Staff: \_\_\_\_\_

*(For Subsequent Filings Only - Initial Filings Use Master Application)*

PROJECT STREET ADDRESS: \_\_\_\_\_

DATE OF LAST ACTION: \_\_\_\_\_ MST #: \_\_\_\_\_

**DESCRIBE REQUEST, LAST ABR REVIEW AND CHANGES MADE SINCE THEN:**

*(Requests will not be accepted without a COMPLETE description of request and changes. Only the changes listed below will be considered for approval.)*

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FULL BOARD	CONSENT CALENDAR
<input type="checkbox"/> <b><u>CONCEPT CONTINUED</u></b> <input type="checkbox"/> <b><u>PRELIMINARY</u></b> <input type="checkbox"/> <b><u>IN-PROGRESS</u></b> <input type="checkbox"/> <b><u>FINAL (Final Approval Checklist REQUIRED)</u></b> <input type="checkbox"/> <b><u>REVIEW AFTER FINAL</u></b> ☞ 3 copies of plans required at time of submittal.	<input type="checkbox"/> <b><u>CONTINUED</u></b> <input type="checkbox"/> <b><u>PRELIMINARY</u></b> <input type="checkbox"/> <b><u>FINAL (Final Approval Checklist REQUIRED)</u></b> <input type="checkbox"/> <b><u>REVIEW AFTER FINAL</u></b> ☞ 1 copy of plans required at time of submittal.

DATE: \_\_\_\_\_

NAME OF PERSON TO CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT: \_\_\_\_\_