



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.)

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