



City of Milford

General Administration
831-4192
248-5096 FAX

745 Center Street, Suite 200, Milford, Ohio 45150

www.milfordohio.org

Application for Design Review

Name(s) of Applicant: _____

Address: _____

Telephone Number: _____

Name(s) of Owner: _____
(if different from applicant)

Owner's Address: _____

Zoning District: _____

Property Size (sq. ft or acres): _____

Type of Improvement: ___New Construction ___Addition
 ___Façade ___Parking ___Sign
 ___Exterior Colors

Items Submitted: ___Project Description ___Picture(s) of Existing Building
 ___Site Plan ___Building Plans
 ___Architectural Rendering ___Material Sample(s)
 ___Color Sample(s)

(Office Use)
Application Checked _____

Date _____