

# Memo

To: Community Appearance Board Applicants

Re: Paint

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In order to submit an application package for the Community Appearance Board, the application **MUST** have **All** of the following:

- \_\_\_ 1. Sixteen color photographs (must be either 35 mm or digital) of the building on the appropriate sheets. Fifteen (16) color photographs of each sheet is required.
- \_\_\_ 2. Sixteen samples of the paint chips of the proposed color
- \_\_\_ 3. Sixteen color renderings of the building with the proposed colors. Rendering should be a minimum of 8 1/2" x 11" and a maximum of 11" x 17".
- \_\_\_ 4. Property Owner notarized affidavit approving the application.
- \_\_\_ 5. Payment- One application is \$50, each additional application for the same business is \$25.

**CITY OF LIGHTHOUSE POINT, FLORIDA  
COMMUNITY APPEARANCE BOARD**

PLEASE TYPE OR USE **BOLD** PRINT

1. NAME OF APPLICANT: \_\_\_\_\_
2. BUSINESS NAME (located in LHP): \_\_\_\_\_
3. ADDRESS OF BUSINESS (located in LHP): \_\_\_\_\_
4. PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_
5. HAS A HEARING BEFORE THE COMMUNITY APPEARANCE BOARD,  
PLANNING AND ZONING BOARD, OR CITY COMMISSION BEEN HEARD ON  
THIS PROPERTY FOR THIS PROPOSAL?  
( ) YES \_\_\_\_\_ ( ) NO  
date
6. WILL ALL OR ANY PORTION OF THE BUILDING(S), INCLUDING INTERIORS,  
BE DEMOLISHED? ( ) YES ( ) NO
7. STATE PROPOSAL IN FULL (PAINT AND SITE PLANS):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. TOTAL FLOOR AREA OF BUILDING: \_\_\_\_\_ SQUARE FEET

A COMMUNITY APPEARANCE BOARD APPLICATION WILL NOT BE ACCEPTED UNLESS ALL THE REQUIRED INFORMATION (i.e. PHOTOGRAPHS, PAINT CHIPS, SITE PLANS, ETC) ARE RECEIVED.

AN APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE FEE.  
MAKE THE CHECK PAYABLE TO: CITY OF LIGHTHOUSE POINT

ALL SUPPORTING DATA AND EXHIBITS SUBMITTED WITH THIS APPLICATION BECOME A PERMANENT PART OF THE RECORDS OF THE COMMUNITY APPEARANCE BOARD.

PHOTOGRAPHS OF THE EXISTING BUILDING  
(ONLY 35MM OR DIGITAL PHOTOGRAPHS WILL BE ACCEPTED)

COLOR RENDERING OF THE NEW BUILDING  
(ONLY 35MM OR DIGITAL PHOTOGRAPHS WILL BE ACCEPTED)

Complete one or more of the following that relates to your request. Print name and circle the correct choice when indicated.

**Tenant or Owner Affidavits**

(If tenant, then owner must sign the owner affidavits listed below)

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the owner/tenant of the property described herein and which is the subject matter of the proposed meeting; that all the answers to the questioning in this application and all supplemental data attached to and made part of the application are honest and true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

Sworn to and subscribed to before me this \_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ who is ( ) personally known to me or ( ) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

Commission expires: \_\_\_\_\_

**Corporation Affidavits**

I, \_\_\_\_\_, being first duly sworn, depose and say that we are the President/Vice President, and Secretary/Ass't Secretary of the aforesaid corporation, and as such, have been authorized by the corporation to file this application and all supplemental data attached to and made a part of this application are honest and true to the best of our knowledge and belief, that said corporation is the owner/tenant of the property described herein and which is the subject matter of the proposed meeting.

\_\_\_\_\_  
Signature

Sworn to and subscribed to before me this \_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ who is ( ) personally known to me or ( ) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

Commission expires: \_\_\_\_\_

**Owner/Power of Attorney Affidavit**

I, \_\_\_\_\_, being duly sworn, depose and say that I am the Owner of the described real property and that I am aware of the nature and effect the request for \_\_\_\_\_ relative to my property, which is hereby made by me or I am hereby authorizing \_\_\_\_\_, to be my legal representative before the Community Appearance Board.

\_\_\_\_\_  
Signature

Sworn to and subscribed to before this \_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ who is ( ) personally known to me or ( ) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

Commission expires: \_\_\_\_\_