**COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT**
**PLANNING DIVISION**
**P.O. Box 1609, Mammoth Lakes, CA 93546**
**Phone: (760) 965-3630 Fax: (760) 934-7493**
**www.townofmammothlakes.ca.gov**

# RE-PAINT / RE-SIDING PERMIT
# ADMINISTRATIVE DESIGN REVIEW APPLICATION

Applicant Name _____ Mailing Address _____

E-Mail Address _____ Phone Number _____

Site/Street Address (Project Location) _____ APN: _____

Property Owner (if other than applicant) _____ Mailing Address (property owner) _____

E-Mail Address (property owner) _____ Phone Number (property owner) _____

**EXISTING COLORS and MATERIALS** (provide photos of existing building(s) & list material and color)

Body Color(s): _____

Trim Color(s): _____

Other Color(s): _____

**PROPOSED COLORS and MATERIALS** (note siding material and provide color samples and list manufacturer color name and code (e.g., DE145))

Body Color(s): _____

Trim Color(s): _____

Other Color(s): _____

**CERTIFICATION**

I, the applicant, hereby certify that all information contained herein is true and accurate and shall hereby acknowledge that I have read this application and I will comply with all Town of Mammoth Lakes ordinances and conditions of approval relative to this permit.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

**TOWN USE ONLY**

Permit No. _____ Date Received _____ Fees Received _____

Receipt No. _____ Check No. _____ Cash _____

**ACTION TAKEN**

Approved ❒ Denied ❒ Consistent with Design Guidelines and Color Book: Yes ❒ No ❒

Conditions of Approval _____

_____

Planner Signature: _____ Date: _____