



CITY OF DARLINGTON

COLOR APPLICATION

Commercial

Residential

Date: _____

APPLICANT INFORMATION

Owner's Name: _____

Best Contact Number: _____

Property Address: _____

E-Mail: _____

PROJECT INFORMATION

COLORS

LOCATION	COLOR NAME AND #	MANUFACTURER	SWATCH/SAMPLE
Building (Main Color)	_____	_____	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Cornice & Trim	_____	_____	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Window Sash	_____	_____	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Window Shutters	_____	_____	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Exterior Doors	_____	_____	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Awning	_____	_____	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
Roof	_____	_____	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>

I, the undersigned and applicant, certify the information provided in this application is true and correct.

Applicant Printed Name _____

Applicant Signature _____

Date _____

FOR INTERNAL USE ONLY

HISTORIC YES or NO
(Circle One)

APPROVED

DENIED

Reason for denial:

Printed Name Planning Dept Rep _____

Signature _____

Date _____