



APPLICATION FOR THE ARCHITECTURAL REVIEW BOARD



Applicant is: ☐ Property Owner ☐ Contractor / Builder ☐ Business Owner ☐ Other _____

Applicant: _____

Address / Phone #: _____

Property Owner: _____

Address / Phone #: _____

Contact Email Address: _____

To the Members of the Architectural Review Board:

I hereby request review by the Architectural Review Board of the plans and elevations as submitted for the Prairie Trail Mixed Use Neighborhood Planned Unit Development.

Location (*address*) of the: _____

Legal description (*Plat & Lot #*): _____

Precinct:

- | | | |
|--|---|--|
| <input type="checkbox"/> Residential Mixed-Use | <input type="checkbox"/> Mixed Use Urban Corridor | <input type="checkbox"/> Neighborhood Commercial |
| <input type="checkbox"/> Mixed Use Town Center | <input type="checkbox"/> Business Park | |

Project Type:

- | | | |
|--|--|---|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Mixed Use Project | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Multi-Family Residence | <input type="checkbox"/> Addition | <input type="checkbox"/> Garage / Accessory Bldg. |
| <input type="checkbox"/> Commercial/Business | <input type="checkbox"/> Deck / Porch | <input type="checkbox"/> Other |

Lot Type:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Manor Lot | <input type="checkbox"/> Garden Lot | <input type="checkbox"/> Common Residential |
| <input type="checkbox"/> Estate Lot | <input type="checkbox"/> Attached House Lots | <input type="checkbox"/> Neighborhood Commercial |
| <input type="checkbox"/> Village Lot | <input type="checkbox"/> Townhouse Lots | <input type="checkbox"/> Commercial Out Parcel |
| <input type="checkbox"/> Hamlet Lot | <input type="checkbox"/> Front-Loaded Lots | <input type="checkbox"/> Business Park |

Architectural Style:

- | | | |
|--|--|--|
| <input type="checkbox"/> Prairie Trail European Romantic | <input type="checkbox"/> Town Center Building | <input type="checkbox"/> Neighborhood Commercial |
| <input type="checkbox"/> Prairie Trail Colonial Revival | <input type="checkbox"/> Town Center Multi-Family Building | |
| <input type="checkbox"/> Prairie Trail Arts & Crafts | <input type="checkbox"/> Commercial Out Parcel | |
| <input type="checkbox"/> Prairie Trail Victorian | <input type="checkbox"/> Business Park | |

Building Square Footage (gross, as measured from outside walls)

Living area: _____ Decks & Porches: _____ Basement: _____

Garages: _____ Accessory Buildings: _____ Other: _____

Construction & Materials

Foundation Construction: _____

Exterior Wall Construction: _____

Appearance - Finishes

Foundation Wall: _____ Color: _____

Siding Material: _____ Color: _____

Window/Door Trim: _____ Color: _____

Roof Material: _____ Color: _____

Accent Material: _____ Color: _____

Lot: Dimensions: _____ Square footage: _____ ☐ Interior Lot ☐ Corner Lot

- Driveways on front or side loaded lots shall not exceed 14-feet in width from the street to the minimum front yard or minimum street side yard setback

Attached and made a part of this submittal are the following required items:

- ☐ Site Plan
- ☐ Architectural Plans (1/8" = 1', minimum scale) outlining all major façade elements: Wall Section & Eaves details, Windows & Doors, Porches & Chimneys, Building Materials & Trim and Colors
- ☐ Commercial/multi-family site plans including sign and lighting specifications
- ☐ Color elevations or renderings ☐ colors not determined
- ☐ Application Fee

EMAIL PDF's to: ARB@AnkenyIowa.gov

OR deliver the completed Architectural Review Board packet to: City of Ankeny c/o Community Development
1210 NW Prairie Ridge Drive
Ankeny, Iowa 50023

Fee Schedule	
Residential (up to 8 units)	\$50.00
Multi-family / Town Center /Commercial Outlot/Mixed Use	\$100.00
Re-submittal Fee	\$25.00
Additions (other than listed below)	\$50.00
Decks/Porches/Garages/Accessory Structures	\$10.00

I certify that I have read and examined this application and that all information in this application is true and correct. I also agree to be legally responsible for the enforcement of this document.

(Signature of Applicant)

Date received _____	Amount Paid _____	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____	Office Use Only
Filing # _____	Scheduled Meeting Date _____	Form ARB/APP 07/2023	

ARCHITECTURAL REVIEW BOARD DISPOSITION

Architectural Review Board Meeting Date: _____

☐ Approved ☐ Approved, see the minutes and drawings for condition(s) ☐ Denied

Recording Secretary