



Architectural Review Committee Application Form

Louisville Metro Planning & Design Services

Date of Application: _____

Please complete this application, attach your resume, and e-mail to
Bob Keesaer at Robert.Keesaer@louisvilleky.gov or fax at (502) 574-8129 or
Rebecca Simmons (Rebecca.Simmons@louisvilleky.gov).

Name: _____

Address: _____

E-mail: _____

Employer: _____

Occupation: _____

Which Historic Preservation District do you live in?

Primary Phone #: _____

Alternate Phone #: _____

Volunteer Activities:

Have you ever served on any City and County Boards and Commissions? If yes, please list board/commission info, as well as dates of service.

Please answer the following questions. If you answer yes, please include relevant details (i.e., position, company, address, dates, etc.) in the Additional Notes section below.

Are you employed by Louisville Metro Government?

- YES
- NO

Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?

- YES
- NO

Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?

- YES
- NO

Do you have any contract or matter pending before any Louisville Metro Government agency?

- YES
- NO

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

- YES
- NO

Additional Notes: _____

Signature: _____