

City ADA Review & Approval

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ADA Project Narrative

1. Date: _____

2. Project Description
 - New Construction
 - Remodel
 - Parking Lot -Restripe
 - Public Right of Way (street, sidewalks, curb ramps, etc.)
 - Furnishing (reception counters, interior/exterior furniture, etc.)
 - Other _____

3. Address/Location

4. Contact Information (provide name, address, email, cell number for all contacts):
 - City Staff:

 - Applicant:

 - Architect(s):

 - Vendor:

5. Description of Programs, Services & Activities. Summary of the purpose, scope, type of activities, number and type of participants, and other key information about program (or attach existing narrative).

