

City of Margate



Application for Non-Residential Color Palette Approval

Building/Plaza Name: _____

Address of Site: _____

Property Owner: _____

Owner's Address: _____

Owner's Phone Number: _____

Contractor Name: _____

Contractor License: _____

Contractor Phone Number: _____

Base Color: _____

Trim Color: _____

Accent Color: _____

(Note: accent color may only be comprised of 25% of trim area)

Signature of Owner/ Contractor: _____

By signing this application the signatory agrees to comply with the City of Margate approved non-residential color palette as indicated above.

(Official Use Only)

Reviewer's Name: _____

Reviewer's Signature: _____

Date of Approval: _____

THIS APPROVAL IS VALID FOR SIX (6) MONTHS