PAROWAN CITY HISTORICAL COMMITTEE AGENDA REQUEST FORM

DATE SUBMITTED: 3/11/25 DATE OF COMMITTEE MEETING: _____

WHO IS REQUESTING: Parowan Library

TELEPHONE NUMBER: 435 590 4900

MAILING ADDRESS: PO Box 427

TITLE OF AGENDA ITEM: _____

PHYSICAL ADDRESS OF PROPERTY IN QUESTION: 16 S Main

DETAILED REASON FOR REQUEST (AND EXPLANATION): lighten exterior paint color to get out of the 70's. Plus help with sun fade and water spots

Please indicate whether any of the following have been consulted regarding this matter:

Zoning Administrator _____ Building Inspector ____City Manager____City Council Member____

(if so, provide name of member): _____

Approved: _____ Date: _____