



# Application for Certificate of Appropriateness

Name of Applicant: \_\_\_\_\_  
Address of request: \_\_\_\_\_  
Telephone of Applicant: \_\_\_\_\_  
Email of Applicant: \_\_\_\_\_  
Property Owner (if different than applicant): \_\_\_\_\_  
*Proof of Ownership (deed preferred) will need to be presented prior to Historic Preservation Commission meeting.*

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: Please describe what effect granting of the COA would have on the overall character of the surrounding properties, neighborhood, and general vicinity. If you believe there will be little to no effect, please explain why. Address items such as surrounding land use, potential nuisances, adequacy of public facilities, traffic flow, parking, ingress/egress, destruction of natural features, lot suitability, and/or storm water drainage if applicable.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Attach supporting documentation (sketches, photos, architectural drawings) to help justify the proposed special use request.**

***Please allow 30 days for your request to process if it is required to be heard by Historic Preservation Commission.***

**For office use only:**  
Zoning District: \_\_\_\_\_  
Present/Former land use of property: \_\_\_\_\_