

CITY OF MACOMB HISTORIC PRESERVATION COMMISSION

**Office of Community Development
232 East Jackson Street
Macomb, IL 61455
309-833-4944**

CERTIFICATE OF APPROPRIATENESS APPLICATION

1. NAME OF PROPERTY: _____
2. ADDRESS: _____
3. OWNER OF PROPERTY: _____
4. LEGAL DESCRIPTION: _____
5. BRIEF DESCRIPTION OF THE EXISTING IMPROVEMENTS AFFECTED BY PROJECT: _____

6. DETAILED DESCRIPTION OF CONSTRUCTION, ALTERATION, ADDITION, DEMOLITION OR REHABILITATION PROPOSED: _____

Note: Please enclose any architectural plans, sketches, drawings or photographs or sufficient descriptions of the construction , alteration, demolition and building use to enable anyone to determine what the final appearance and use of the real estate will be. (See attached standards and guidelines).

7. DEVELOPER, IF DIFFERENT FROM OWNER: _____
8. ARCHITECT, CONTRACTOR, OR BUILDER: _____

SIGNATURE OF APPLICANT FOR CERTIFICATE OF APPROPRIATENESS:

Name: _____ **Date:** _____