



Certificate of No Effect Application

HISTORIC LANDMARK COMMISSION

Commercial

Residential

Date: _____

APPLICANT INFORMATION

Owner's Name: _____

Best Contact Number: _____

Property Address: _____

E-Mail: _____

PROJECT INFORMATION

Supporting Documentation: Sketches Drawings Photos Architectural Plans
(Check all that apply) Site Plans Other Details: _____

Author of Drawings: _____

Contact Number: _____

Contractor Name: _____

Contact Number: _____

DETAILED DESCRIPTION OF PROPOSED WORK

_____ I am not making any changes to the historic property
Initials

_____ I am only making repairs or performing regular necessary maintenance
Initials

I, the undersigned and applicant, certify the information provided in this application is true and correct.

Applicant Printed Name

Applicant Signature

Date

FOR INTERNAL USE ONLY

APPROVED DENIED

Reason for denial: _____

Printed Name of Reviewing Manager

Signature

Date