



Certificate of Appropriateness

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

Note: Applications and all supporting data (skethces, drawings, photos, snapshots, architect or engineered plans, site maps, etc) must be submitted on or before the application is considered by the Commission.

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

Appicant Printed Name

Applicant Signature

Date

FOR OFFICIAL USE ONLY

Meeting Date

Approved or Denied

Signature of Representative