



APPLICATION FOR DESIGN REVIEW (Certificate of Appropriateness)

Please read instructions before filling out this form.
Please type or print all entries and complete all sections.

1. NAME AND LOCATION OF LANDMARK

_____			_____	
_____			_____	
Current Name			Historic Name(s)	
_____			_____	
Number	Street	Zip Code	Historic District (if applicable)	

Legal Description:	Lot Number	Block Number	Subdivision	

2. NAME AND ADDRESS OF APPLICANT

Name _____

Number	Street	City	State	Zip Code

Telephone No. (Bus.): _____			Home: _____	
_____			_____	
Email Address			Fax No.	

3. RELATIONSHIP OF APPLICANT TO PROPERTY

Type of ownership: _____ sole owner _____ lessee _____ agent

Other (please explain): _____

4. NAME AND ADDRESS OF OWNER

Name _____

Number	Street	City	State	Zip Code

Telephone No. (Bus.): _____			Home: _____	
_____			_____	
Email Address			Fax No.	

5. DESCRIPTION OF PROPOSED MODIFICATION, IMPROVEMENT, OR CONSTRUCTION

- Minor alteration or construction
- Major alteration or construction
- Sign
- Lighting
- Demolition, removal, or relocation
- Addition
- New type windows
- New type doors
- New type surface materials
- Paint
- Clean
- Repoint masonry
- Remove architectural elements
- New architectural elements
- New construction
- Awning or canopy
- Other: *Please specify below*

Describe:

Use Continuation Sheet if necessary

Architect Name or Designer for the Change: _____

Number	Street	City	State	Zip Code
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Approximate cost of construction: _____

Work Done By: _____ Licensed/Bonded Contractor _____ name, company

_____ Other: *Please specify:* _____

Anticipated Start-Up Date: (no later than) _____

Anticipated Date of Completion: (no later than) _____

6. COMPATIBILITY OF PROPOSED MODIFICATION WITH HISTORIC SIGNIFICANCE

General Area(s) of Significance of Landmark:

historical cultural architectural
 engineering archeological geographical

Present Designation: Local State National

Year of Construction: _____

Explain the compatibility of the proposed changes to the historic qualities of the Landmark. Use Continuation Sheet if necessary.

7. REQUIRED ACCOMPANYING ITEMS

Sufficient materials shall accompany this application in order to enable the Landmark Commission to make an informed decision. For example, the following items:

historic photograph photograph of each facade other required
 drawings elevations photographs
 samples, and/or catalogue illustrations of all new materials. site plan

8. PENDING REGULATORY ACTIONS

Is there a building permit or any approval pending by any other regulatory or administrative authority, which may have a bearing on the proposed modifications, improvements, construction, or demolition?
 Yes No

If so, please specify.

9. REPRESENTATIVE OF APPLICANT

(Representative should have authority to commit applicant to make changes that may be suggested or required by the Commission.)

Name: _____

Title or Relationship to Applicant: _____

Number Street City State Zip Code
Telephone No. (Bus.): _____ Home: _____

_____ Fax No.
Email Address

SIGNATURE OF OWNER _____

SIGNATURE OF APPLICANT _____

DATE _____

FOR PLANNING STAFF USE ONLY:

Received by: _____ Date: _____

Date Scheduled for Review: _____

Tax Map Identification: _____

City Landmark File No. _____

FOR DESIGN REVIEW COMMISSION USE ONLY:

_____ Application Approved; Certificate Granted

_____ Application Approved on Condition of:

By _____ Date _____
_____ Condition(s) Met: _____ Date: _____ Certificate Granted

_____ Application Disapproved For the Following reason(s):

FOR OFFICE USE:

Date Building Inspection notified: _____

Date Certificate sent: _____; or

Date applicant notified approval denied: _____



APPLICATION FOR DESIGN REVIEW CONTINUATION SHEET

FORM TITLE: _____

SECTION NUMBER: _____

Page: _____