



# 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

<input type="checkbox"/> Minor alteration or construction	<input type="checkbox"/> Clean
<input type="checkbox"/> Major alteration or construction	<input type="checkbox"/> Repoint masonry
<input type="checkbox"/> Sign	<input type="checkbox"/> Remove architectural elements
<input type="checkbox"/> Lighting	<input type="checkbox"/> New architectural elements
<input type="checkbox"/> Demolition, removal, or relocation	<input type="checkbox"/> New construction
<input type="checkbox"/> Addition	<input type="checkbox"/> Awning or canopy
<input type="checkbox"/> New type windows	<input type="checkbox"/> Other: <i>Please specify below</i>
<input type="checkbox"/> New type doors	<hr/>
<input type="checkbox"/> New type surface materials	<hr/>
<input type="checkbox"/> Paint	<hr/>

## Describe:

Use Continuation Sheet if necessary

**Architect Name or Designer for the Change:** \_\_\_\_\_

Number Street City State Zip Code

**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 photographs  
 drawings       elevations       site plan  
 samples, and/or       catalogue illustrations of all new materials.

## 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.

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## 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: _____		

\_\_\_\_\_ Email Address \_\_\_\_\_ Fax No. \_\_\_\_\_

**SIGNATURE OF OWNER** \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

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### FOR PLANNING STAFF USE ONLY:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Scheduled for Review: \_\_\_\_\_

Tax Map Identification: \_\_\_\_\_

City Landmark File No. \_\_\_\_\_

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### 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: \_\_\_\_\_