APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

ıtion Number: _____ Date Filed: _____

All items must be completed. Mark NA if not applicable. If additional space is needed, attach more pages.

1. Designated Property

Name: _____ Block ___ Square ___ Lot ___

Address: _____

2. Owner

Name: _____

Address: _____

City: _____ State: ☐☐ Zip Code: ☐☐☐☐☐ - ☐☐☐☐

Phone Number: ( ) -

3. Person Filing Application, if other than owner

Name: _____

Address: _____

City: _____ State: ☐☐ Zip Code: ☐☐☐☐☐ - ☐☐☐☐

'hone Number: ( ) -

4. Present Zoning of Property _____

5. Proposed Use of Property _____

6. Description of Proposed Action _____

_____

7. Project Architect/Engineer

Name: _____

Address: _____

City: _____ State: ☐☐ Zip Code: ☐☐☐☐☐ - ☐☐☐☐

Phone Number: ( ) -

8. Anticipated date of completion _____

9. Estimated total cost of Project _____

10. Signature of Applicant _____ Date: _____

Staff Use Only

-plication Approved _____ Denied _____ Date: _____

.ments:

_____

_____