Application for Certificate of Appropriateness

City of Rockingham, North Carolina
514 Rockingham Road, Rockingham, NC 28379
Telephone: (910) 997-5546 Fax: (910) 997-6617

Section 1. To Be Completed by the Applicant

PHYSICAL ADDRESS OF SUBJECT PROPERTY:	PARCEL IDENTIFICATION NUMBER(S):

NAME OF APPLICANT: [Print]

MAILING ADDRESS OF APPLICANT:

TELEPHONE:	FAX:	E-MAIL:

NAME OF PROPERTY OWNER(S): [If different from applicant]

MAILING ADDRESS OF PROPERTY OWNER(S): [If different from applicant]

TELEPHONE:	FAX:	E-MAIL:

DESIGNATION OF AGENT: [Complete only if the property owner is not the applicant]

I (we) do hereby appoint the person named as Applicant as my (our) agent to represent me (us) and act on my (our) behalf in this application for a certificate of appropriateness.

_____

SIGNATURE OF PROPERTY OWNER(S) DATE

I, the applicant, do hereby certify that all information presented in this application is true and accurate.

_____

SIGNATURE OF APPLICANT DATE

TYPE OF WORK PROPOSED [Check all that apply]

☐ Exterior Building Alteration ☐ Site Alteration ☐ Signage ☐ New Construction ☐ Demolition ☐ Other

Describe and explain (use additional sheets if necessary):

_____

_____

_____

_____

_____

Depending on the type of work proposed, the applicant may be required to submit a site plan, architectural renderings illustrating the proposed alterations, photographs of the existing structure, historical photographs of subject property or other information deemed relevant in order to allow the Board to determine the application complies with the design guidelines for the local historic district as set forth in the City of Rockingham Unified Development Ordinance. The Planning Director will advise the applicant as to the extent and type of information likely to be required by the Board.

Section 2. For Office Use Only

RECEIVED BY: _____ DATE: _____

☐ Contributing property
☐ Noncontributing property

CASE #: