COMMUNITY DEVELOPMENT

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
OR CERTIFICATE OF NO EFFECT

Applicant: _____	**Owner:** (if different than applicant) _____
Address: (of property) _____ _____	**Mailing address:** (if different than property) _____ _____
Home/Cell Phone: _____	**Email Address:** _____
Date Structure was Originally Built: _____	**Date(s) of any Additions:** _____

Company doing Restoration/Renovation work: _____
Address: _____
Phone Number: _____

Please check all that apply to this project:

□ Building to be restored to date of construction
□ Building to be restored to date other than original
□ Alterations to historic fabric (i. e. windows, doors, masonry, etc.)
□ New construction
□ Addition or alteration of signs
□ Addition of modern equipment
□ New addition to existing building
□ Demolition of existing building(s
□ Removal or addition of fencing
□ Other _____

Check list of items required for submission:

□ Architectural plans
□ Detail drawings
□ Manufacturer's specification sheets
□ Surface finishes
□ Types of construction materials
□ Elevation drawings
□ Photographs (see Historic District Guidelines)
□ List of adjacent property owners (adjacent property owners will be notified by mail about the proposed project and have an opportunity to comment)

In the space below, please describe in detail the proposed work to be performed on the building or structure including alterations to windows, doors, architectural trim work, signage, surface finishes, fencing (if applicable), the addition of awnings and any other changes or additions to the property. Architectural plans, elevations, detail drawings, photographs, surface finishes, manufacturer's specification sheets and construction materials lists **must be submitted with the application**: _____
_____
_____
_____
_____

CERTIFICATION:

My signature below certifies that I am the actual owner or duly authorized agent of the owner and that all statements made in this documents are true and accurate.

Signature: _____

The City Staff and/or Architectural Review Board reserves the right to require additional information in its decision process in regards to this application for a Certificate of No Effect or Appropriateness.

For Official Use Only

Application Received**:** _____ By**:** _____

Date Reviewed by City Staff: _____

Certificate of No Effect:

□ Approved □Approved with Stipulations □ Revoked □ Denied

_____ _____
Signature of City Staff Member *Date*

Certificate of Appropriateness: **ARB Hearing Date**: _____

□ Approved □Approved with Stipulations □ Revoked □ Denied

_____ _____
Signature of Official *Date*