



Martinsville
A CITY WITHOUT LIMITS

Certificate of Appropriateness or No Effect

Date: _____

Applicant/Owner Information

Applicant Name:

Property Owner Name (if different from applicant) :

Property Address:

Applicant Phone:

Applicant Email Address:

Mailing Address:

Date Structure was originally built: _____

Date(s) of any Additions:

Have you contacted the Department of Historic Resources to obtain project approval:

**Please include any approvals or correspondence with the Department of Historic Resources with application materials*

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, the addition of awnings, and any other changes or additions to the property. ***Architectural plans, elevations, and detail drawings are required for projects over 300 square feet. Photographs, surface finishes, manufacturer's specification sheets and lists of construction materials are required for approval and must be submitted with the application.*



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CERTIFICATION:

I certify that I am the actual owner or duly authorized agent of the owner and that all statements made in this document and submitted with this application are true and accurate.

Signature: _____

Date: _____

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 (windows, doors, masonry)
- ☐ 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 to accompany application :

- ☐ Architectural plans, detail drawings, elevation drawings (**projects greater than 300 sq.ft.**)
- ☐ Manufacturer's specification sheets
- ☐ Surface finishes
- ☐ Types/examples of construction materials
- ☐ Photographs

FOR OFFICE USE ONLY

Application Reviewed by: _____ Date: _____

Signature of Reviewer: _____

CERTIFICATE OF NO EFFECT:

____ Approved ____ Approved with Stipulations ____ Denied ____ Revoked

Signature of City Zoning Official

Date



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CERTIFICATE OF APPROPRIATENESS:

ARB HEARING DATE:

____ Approved

____ Approved with Stipulations

____ Denied

____ Revoked

Signature of ARB Official

Date



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