



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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