

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

APPLICANT _____

PHONE _____ EMAIL _____

PROPERTY TO BE IMPROVED _____

CHECK ITEMS WHICH ARE APPLICABLE TO YOUR PROPOSED EXTERIOR PROJECT

- | | |
|--|---|
| <input type="checkbox"/> Restoration/Replacement of Architectural Features | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Painting | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Window Repair/Replacement | <input type="checkbox"/> Awning |
| <input type="checkbox"/> Door Repair/Replacement | <input type="checkbox"/> Stairs/Fire Escapes |
| <input type="checkbox"/> Trim Repair/Replacement | <input type="checkbox"/> Sign Repair/Replacement or New |
| <input type="checkbox"/> Roof Repair/Replacement | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Wall Repair/Replacement | <input type="checkbox"/> Other |

Explain thoroughly the proposed work. Describe materials and colors to be used and provided any other pertinent details.

Attach specifications, historic color samples, photos, blue prints/sketches, awning styles, fabric, and any other information that will assist the Design Review Board in making their decision on the proposed project.

I have received a copy of the DRB Manual, been notified of the date of the Design Review Board meeting and will be in attendance.

I have received a copy of the DRB Manual, been notified of the date of the Design Review Board meeting and **will not** be in attendance.

Applicant	Date
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Applicant is not owner (provide name and contact for owner)

Owner Name	Date
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SECTION TO BE COMPLETED BY DESIGN REVIEW BOARD

I have received the Certificate of Appropriateness and have forwarded the documents to the Clerk for review.

Safety & Service Director Date

The proposed improvements are: Approved Approved w/Conditions Denied

Conditions of Approval: _____

Design Review Board Chair Date

I have reviewed the conditons for approval and agree to submit any changes using the Certificate of Appropriateness in order for the proposed work to be reviewed.

Applicant Date

