

# APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

## Historic Preservation Commission for the City of Locust Grove

1. **Name of Applicant:** \_\_\_\_\_

Note: You or your representative must be present at the meeting of the Commission. You will be notified of the time, date and location of the meeting.

2. **Mailing Address:** \_\_\_\_\_

3. **E-Mail:** \_\_\_\_\_

4. **Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

5. **Relationship of Applicant to Property Owner:**     Owner     Architect     Contractor     Other

If "Other", please specify: \_\_\_\_\_

6. **Address of Property:** \_\_\_\_\_

7. **Location:**    District \_\_\_\_\_ Land Lot(s) \_\_\_\_\_ Parcel(s) \_\_\_\_\_

8. **Traditional Historic Property Name (if known):** \_\_\_\_\_

9. **Type of Material Change:**     New construction     Moving a Building     Demolition     Awnings

Alterations     Sign Erection or Placement     Other (Short Description): \_\_\_\_\_

On following page, please describe your proposed work as simply and accurately as possible. Note citations of Chapter 14.03 of the Code of Ordinances of the City of Locust Grove For Certificate Of Appropriateness and the Secretary of the Interior's Standards for Rehabilitation to guide you in your description. Be sure to indicate materials to be used. Accurate drawings, plans, models, renderings and/or photographs are required where practical to illustrate proposed material change.

**Important:** This form must be completed before the Historic Preservation Commission can consider the approval of any material change to a structure within a Historic District. This form, along with supporting documents, must be filed in **eight (8) copies** (excluding models, material samples and photos where one (1) is sufficient) with the Commission or its designee. Incomplete submissions will not be scheduled for hearing. For further information you are encouraged to contact the Community Development Department at (770) 957-5043.

By signing below, the applicant swears that the statements contained within this complete package are true the best of his/her ability and is a complete submittal as outlined in Chapter 14.03 and Section 17.04.137 of the Code of Ordinances of the City of Locust Grove.

**Signature of Applicant:** \_\_\_\_\_ **Owner Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For HPC Use Only	
Resource Number	
Received By	
Date Received	
Date of Hearing	
Finding	
Appeal (If Necessary)	
Council Decision	

Description of Proposed Material Change:

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