

FOR STAFF USE ONLY	
Date Received:	Fee Paid:
Project # (major only):	COA #:
COA Classification Type: <input type="checkbox"/> Minor <input type="checkbox"/> Major	

CERTIFICATE OF APPROPRIATENESS APPLICATION

Part 1. Application Notes

A Certificate of Appropriateness is required for all applications for permits involving any exterior alteration, restoration, reconstruction, demolition, new construction or moving of a locally designated historic landmark or a property within a local historic district.

Minor exterior work, such as exterior maintenance and repair, change of paint color, replacement of non-original material, and minor changes that do not materially change the historic characteristics of the property may be reviewed by the Chief Planning Official.

Major exterior work, such as new construction, demolition, substantial alterations and use of non-historically appropriate materials are subject to review, a public hearing and decision by the Historic Resources Commission

Note: A pre-application meeting is available upon request prior to submitting this application.

Part 2. Property Information

Project Address:	Tax ID #:
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Name of Landmark or Historic District:

Part 3. Project Information

Will the applicant be seeking State or Federal Historic Tax Credits for this project? Yes No

Proposed Project Description:

Part 4. Alteration or Repair Information (if new construction, skip to Part 5)

Select the type of work to be performed (check all that apply) :

- Painting
 Windows
 Doors
 Stoop/Rails
 Masonry
 Siding or Trim Work
 Fence or Wall
 Other: _____

Painting

Building Area / Feature	Proposed Color:	Brand:	Collection:
Body			
Trim			
Sash			
Door			
Other:			

(include attachment of sample paint chips for all elected colors)

Windows

Number of windows to be: _____ Repaired _____ Replaced _____ Altered

Location (attached a diagram if necessary):

Existing Window Material (wood, vinyl, etc.):	Existing Window Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure
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Configuration (i.e., double-hung sash, 2/2, 6/1, 6/6, etc.):			
Width:	Height:	Depth:	
If replacing, indicate the reason for replacement:			
If altering, describe any proposed change (material, configuration, size of opening, etc.):			
Doors			
Number of doors to be: _____ Repaired _____ Replaced _____ Altered			
Location (attached a diagram if necessary):			
Existing Door Material (wood, vinyl, etc.):		Existing Door Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Configuration (i.e. glass panes, divisions, decorative details and panels):			
Width:	Height:		
If replacing, indicate the reason for replacement:			
If altering, describe any proposed change (material, configuration, size of opening, etc.):			
Stoops/Rails			
Number of Stoops/Rails to be: _____ Repaired _____ Replaced _____ Altered			
Existing Stoop Material (stone, wood, concrete, etc.):		Existing Condition: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Existing Treads:	Width:	Depth:	Height:
Existing Rail Material: (iron, vinyl, wood, etc.):		Existing Rails: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
If replacing, indicate the reason for replacement:			
If altering, describe any proposed change (material, configuration, size of opening, etc.):			
Masonry			
Type of Work: <input type="checkbox"/> Substantial Reconstruction <input type="checkbox"/> Minor Repair <input type="checkbox"/> Repointing			
Existing Material (brick, stone, concrete, etc.):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Location (attached a diagram if necessary):			
Type of mortar to be utilized:			
Siding or Trim Work			
Type of Work: <input type="checkbox"/> Full Residing <input type="checkbox"/> Minor Repair <input type="checkbox"/> Trim Work			
Existing Material (wood, stucco, vinyl, etc.):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	
Location (attached a diagram if necessary):			
Type of material to be utilized:			
Fence of Wall			
Type of Work: <input type="checkbox"/> Repair <input type="checkbox"/> Replacement			
Existing Fence/Wall Material (masonry, wood, vinyl, etc.):		Existing Condition: <input type="checkbox"/> Original <input type="checkbox"/> Not Original <input type="checkbox"/> Not Sure	

Location (attached a diagram if necessary):

Type of material to be utilized:

Other / Additional Notes

Part 5. New Construction or Addition Information (if repair only, skip to Part 6)

First Floor Building Area (sq. ft.): Total Gross Floor Area (sq. ft.):

Front Building Setback (ft.): Frontage Buildout (ft.):

Building Height Feet: Stories:

Describe how the proposed construction will relate to the architectural scale, massing, volumes and styles represented within the applicable historic district:

Indicate the proposed materials to be utilized, distinctive architectural features and ornamentation:

Part 6. Signage Information (if no proposed signage, skip to Part 7)

Sign 1	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:		
	Total Area:	Width:	Depth:	Projection from Wall:
	Material:	Mounting Style:		
	Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:		
Sign 2	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:		
	Total Area:	Width:	Depth:	Projection from Wall:
	Material:	Mounting Style:		
	Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:		
Sign 3	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:		
	Sign Area:	Width:	Depth:	Projection from Wall:
	Material:	Mounting Style:		
	Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:		
Sign 4	Type: <input type="checkbox"/> Freestanding <input type="checkbox"/> Wall <input type="checkbox"/> Projecting <input type="checkbox"/> Awning	Location:		
	Sign Area:	Width:	Depth:	Projection from Wall:
	Material:	Mounting Style:		
	Lighted: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:		

Part 7. Submittal Requirement Checklist

	Required Documents	Hard Copies	Electronic Submission (.pdf) (Required Document Name)
A. Required for All Certificate of Appropriateness Applications			
	Master Development Form	1	MASTER
	Certificate of Appropriateness Application	1	COA
	Color photographs of the property in context with surrounding properties, on printed paper	1	PHOTOS
B. Required for Alteration or Repair Applications			
	Materials sample sheets showing color type, manufacturer, and item number of new materials being proposed	1	MATERIAL SAMPLE SHEETS
C. Required for New Construction and Additions			
	Elevation Drawings	1	EL_[YYYY]_[DD]_[MM]
	Floor Plans	1	FP_[YYYY]_[DD]_[MM]
	Vertical Building Section	1	VERTICAL BUILDING SECTION
	Building Rendering	1	RENDERING_[YYYY]_[DD]_[MM]
D. Required for Signage Applications			
	Color Sign Rendering	1	SIGN DRAWING
	Sign Mounting Detail	1	SIGN MOUNTING DETAIL
	Sign or Awning Material Information	1	SIGN AWNING MATERIAL INFORMATION
E. Voluntary or Upon Request			
	Any additional information determined to be necessary by the Chief Planning Official	1	[Document Name]