



(COA) Certificate of Appropriateness

(for office use only)

APPLICATION #: _____

APPLICATION DATE: _____

APPROVED DATE: _____

DENIED DATE: _____

STAFF APPROVAL

COMMISSION APPROVAL

STAFF SIGNATURE: _____

Tax Map & Parcel #: _____ Zoning: _____

PROPERTY DESCRIPTION:

Location: _____

PROJECT TYPE: Demolition New Construction
 Addition Rehabilitation Other

(Staff Approval Stamp)

PROJECT DESCRIPTION:

Applicant Name: _____ Phone: _____

Address: _____

Property Owner's Name: _____ Phone: _____

Address: _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF OWNER: _____

DATE: _____

PROPOSED WORK:

Please refer to the COA checklist to determine what information to submit for the project being proposed. It is in the interest of both the applicant and the Historic Preservation Commission that all required information be submitted. Lack of information will delay review of the application.