



CERTIFICATE OF APPROPRIATENESS APPLICATION

This form must be *turned in 15 days prior* to the next scheduled meeting before the H.P.C. Committee can consider any requests for approval of any changes affecting the exterior appearance or demo of any building located within a designated local historic district in the City of Blakely.

| | |
|-------------------------|--|
| PROPERTY ADDRESS | |
|-------------------------|--|

| | | | | |
|-----------------------|------------------------|---|------------|--|
| PROPERTY OWNER | NAME: _____ | PHONE: _____ | | |
| | MAILING ADDRESS: _____ | <input type="checkbox"/> <i>Check here if same as Applicant</i> | | |
| | CITY: _____ | STATE: _____ | ZIP: _____ | |
| | | | | |

| | | | | |
|--------------------------|------------------------|---|------------|--|
| BUSINESS/OCCUPANT | NAME: _____ | PHONE: _____ | | |
| | MAILING ADDRESS: _____ | <input type="checkbox"/> <i>Check here if same as Applicant</i> | | |
| | CITY: _____ | STATE: _____ | ZIP: _____ | |
| | | | | |

- Nature of proposed work to be done** (check all that apply)
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Remodeling/Addition | <input type="checkbox"/> New Construction | <input type="checkbox"/> Moving Building | <input type="checkbox"/> Awnings |
| <input type="checkbox"/> Siding Alteration/Change | <input type="checkbox"/> Demolition | <input type="checkbox"/> Sign | <input type="checkbox"/> Roof Alteration |
| <input type="checkbox"/> Door/Window Alteration | <input type="checkbox"/> Shutters Addition/Change | <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Other _____ | | | |

Describe proposed work in detail (additional pages may be attached, if necessary) _____

Once the C.O.A. has been approved by the Commission, the applicant has 15 days to obtain a building permit (if applicable) and 6 months to begin construction

| | |
|----------------------------|------|
| | |
| Property Owner's Signature | Date |

| FOR OFFICE USE ONLY | APPLICATION FEES | FOR OFFICE USE ONLY | | | | | | | | | | | | |
|--|--|---|--------|------|-----------------------------------|-------|---|-------|---------------------------------|-------|------------------------------------|-------|---|-------|
| Classification: _____ Application #: _____ Date Received: _____ Map & Parcel #: _____ | _____ \$75.00 Application Fee: Demolition _____ Date Fee Received | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: bold;">ACTION</th> <th style="text-align: right; font-weight: bold;">DATE</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Approved</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Approved w/ Conditions</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Denied</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Withdrawn</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Staff Approval</td> <td style="text-align: right;">_____</td> </tr> </tbody> </table> | ACTION | DATE | <input type="checkbox"/> Approved | _____ | <input type="checkbox"/> Approved w/ Conditions | _____ | <input type="checkbox"/> Denied | _____ | <input type="checkbox"/> Withdrawn | _____ | <input type="checkbox"/> Staff Approval | _____ |
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| <input type="checkbox"/> Withdrawn | _____ | | | | | | | | | | | | | |
| <input type="checkbox"/> Staff Approval | _____ | | | | | | | | | | | | | |