



CERTIFICATE OF APPROPRIATENESS: CHAPTER #1187

Application Number: _____ Date: ____/____/____

FEES:

Base Fee: \$ 300

Total Fee Amount: \$ _____ Paid: Check # _____ Cash: \$ _____

(PLEASE PRINT)

1. Applicant: _____ Phone: (____) _____ - _____
2. Property Address: _____ City: _____ State: _____ Zip: _____
3. Applicant's E-mail: _____
4. Business Owner's Name: _____ Phone: (____) _____ - _____
5. Contractor's Name: _____ Phone: (____) _____ - _____
6. Principal Business Activity: _____
7. Existing Use of Property: _____
8. Square Footage of Proposed Building or Business: _____ sq. ft.
9. Zoning District: _____ Number of Off-Street Parking Spaces: _____
10. Estimated Cost of Improvements: __\$ _____

IN ADDITION, THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION:

- (Conditional) Eight full sets (11x17) of to scale plans and dimensioned drawings showing the property, with all elevations and the location of existing and proposed buildings and alterations are required. Attach any requested, supplemental or necessary documentation. **(Required only if asked for by the Zoning Inspector.)**

List of Materials that will be used on the project:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____ 8. _____

List of Contiguous Neighbors and Addresses:

- 1. _____ Neighbor's Name Neighbor's Address State Zip Code
- 2. _____ Neighbor's Name Neighbor's Address State Zip Code
- 3. _____ Neighbor's Name Neighbor's Address State Zip Code
- 4. _____ Neighbor's Name Neighbor's Address State Zip Code

The undersigned is applying for a Certificate of Appropriateness Permit for the following use: said permit is to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true & correct and agrees to follow all applicable laws.

Applicant's Signature: x _____ Date: / /

OFFICE USE ONLY:

Date Received in Office: / / By: _____

Date of Planning and Zoning Commission Meeting: / /

Date Permit Approved or Denied by Planning Commission: / /

Conditions Necessary for Approval: _____

City Manager Signature: x _____