

**APPLICATION FOR CERTIFICATE
OF
APPROPRIATENESS**

Application Number: _____

Date Filed: _____

All items must be completed. Mark NA if not applicable. If additional space is needed, attach more pages.

1. Designated Property

Name: _____ Block ___ Square ___ Lot ___

Address: _____

2. Owner

Name: _____

Address: _____

City: _____ State: Zip Code: -

Phone Number: () - _____

3. Person Filing Application, if other than owner

Name: _____

Address: _____

City: _____ State: Zip Code: -

Phone Number: () - _____

4. Present Zoning of Property _____

5. Proposed Use of Property _____

6. Description of Proposed Action _____

7. Project Architect/Engineer

Name: _____

Address: _____

City: _____ State: Zip Code: -

Phone Number: () - _____

8. Anticipated date of completion _____

9. Estimated total cost of Project _____

10. Signature of Applicant _____ Date: _____

Staff Use Only

Application Status: Approved _____ Denied _____ Date: _____

Comments: _____
