



CERTIFICATE OF APPROPRIATENESS APPLICATION

Architectural Review Board and Historic Preservation Commission

PROPERTY OWNER'S INFORMATION

Owner's Name: _____
Owner's Address: _____
Suite: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Email: _____

APPLICANT'S CONTACT INFORMATION

Owner's Name: _____
Owner's Address: _____
Suite: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Phone: _____ Email: _____

PROPERTY LOCATION

Tax Parcel Number(s): _____ Size in Acres: _____
Address(es): _____
Number of existing structures: _____

DESCRIPTION OF PROJECT

Project Type Residential Commercial Industrial Other project.
Briefly, yet accurately, describe all new construction, alterations, repairs or other changes to the exterior appearance or site for the property under consideration. Use additional pages as needed. _____

STATEMENT

Has this property been before the Mayor and Council, Downtown Development Authority, Architectural Review Board, Historic Preservation Commission, Board of Appeals or Board of Planning and Zoning within the last 24 months? Yes No If yes, please list the board and reference number: _____

REQUIRED ATTACHMENTS

Landscape Plan (copies: 1 full size) An electronic version (pdf) Vicinity Map Legal description
 Material and Color Samples (x2) Architectural elevations (1 full size) Floor plans for each level (1 full size) Scaled site plan showing existing and proposed improvements. (1 full size) Completed Application

OWNER'S SIGNATURE

Signature Date

CITY USE ONLY. DO NOT WRITE IN THIS BOX.

Date received: _____ Receipt Number: _____ Application Number: _____ Fee Paid \$ _____

Foundation Type: (Circle One)

DEADLINE AND HEARING SCHEDULE

See calendar on the Community Development website for pre-application conference deadlines, application submission deadlines and scheduled meeting dates.



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Slab	Crawl Space	Basement
Building Dimensions:		
Width:	Length:	Height:*
Area Dimensions:		
First Floor:	Second Floor:	Third Floor:
Basement**:	Front Porch:	Rear Porch:
Patio:	Garage:	
Primary Roof System: (Circle One)		
Gable	Hip	Grambel
Mansard	Jerkinhead	Flat
Saltbox	Shed	Other:
Roof Pitches:		
Primary Roof Pitch:		
Secondary Roof Pitch:		
Additional Roof Pitch:		
Floor and Elevation Plan information to be included on each page:		
Street Address and Lot Number	Scale with scale bar	Scaled measurement for each floor level and building elevation
Site and Landscape Plan information to be included on each page:		
Scale with scale bar and North Arrow	Building and driveway foot print	HVAC and utility equipment
Location and type of plantings	List of planting materials	
*Height of building means the vertical distance measured from grade to the highest finished roof surface in the case of flat roofs or to a point at the average height of the highest roof having a pitch.		
**Dwellings with a basement and a third story must submit a grade plan elevation to determine if the residential building has a fourth floor.		

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ELEVATION COLOR AND MATERIAL PLACEMENT ADDENDUM

Façade and sides

Component	Color (Include manufacturer's ID)	Material
Primary Façade: First Floor		
Primary Façade: Second Floor		
Primary Façade: Third Floor		
Left Side: First Floor		
Left Side: Second Floor		
Left Side: Third Floor		
Left Side: Basement		
Right Side: First Floor		
Right Side: Second Floor		
Right Side: Third Floor		
Right Side: Basement		
Rear: First Floor		
Rear: Second Floor		
Rear: Third Floor		
Rear: Basement		

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COLOR AND MATERIAL PLACEMENT ADDENDUM

Exterior Components

Component	Color (Include manufacturer's ID)	Material
Masonry		
Garage Doors		
Trim		
Mortar		
Gutters		
Corner Board		
Railings		
Windows		
Window Sills		
Window Muntin/Mullion		
Columns		
Other Architectural Features		
Other Architectural Features		

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Ownership Affidavit & Designation of Agent

I. Ownership.

I, _____, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) _____

Location address: _____

_____ for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of: _____

Please complete the appropriate section below:

NOTE: The person signing under section IV Acknowledgement, must be listed below as an officer or partner.

Individual

Corporation/Limited Liability Company (LLC)

Partnership

Government Entity

Provide Names of Officers/Members:

Provide Names of General Partners:

Secretary of State Registration Number: _____

Name/Address of Registered Agent: _____

II. Designation of Owner's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named below to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief. (Note: Prior to the issuance of a building permit, the owner's agent must be the contractor listed on the permit application.)

Owner's Agent: _____

Address: _____

Contact Person: _____ Telephone No.: _____

III. Notice to Owner.

- A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.
- B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.)

IV. Acknowledgement.

• **Individual**

Signature

Print Name: _____
 Address: _____
 Phone #: _____

• **Government Entity**

 Print Government Name

By: _____
Signature

Print Name: _____
 Title: _____
 Department: _____

• **Corporation/LLC**

 Print Corporation/LLC Name

By: _____
Signature

Print Name: _____
 Its: _____
 Address: _____
 Phone #: _____

• **Partnership**

 Print Partnership Name

By: _____
Signature

Print Name: _____
 Its: _____
 Address: _____
 Phone #: _____

NOTARY INFORMATION (Please use appropriate block.)

STATE OF GEORGIA
 COUNTY OF _____

• **Individual**

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

• **Government Entity**

Before me, this _____ day of _____, 20____, personally appeared _____ as _____ and on behalf of _____, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

• **Corporation/LLC**

Before me, this _____ day of _____, 20____, personally appeared _____ of _____ a _____ corporation/LLC, on behalf of the corporation/LLC, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

• **Partnership**

Before me, this _____ day Of _____, 20____, personally appeared _____, partner/agent on behalf of _____, a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Signature of Notary

NOTARY STAMP:

My commission expires: _____

Print Notary Name

Identification Method: _____ Personally known.
 _____ Produced I.D. – Type: _____