



HISTORIC DISTRICT CERTIFICATE OF APPROPRIATENESS APPLICATION

Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone Number: _____

Applicant's Email: _____

Property Owner Name: _____

Property Owner Mailing Address: _____

FOR STAFF USE ONLY

Project Number _____

Date Received _____

Approved _____ Denied _____

Administrative Review _____

Commission Review _____

Applicant's Relationship to the Property Owner (Check the one that applies):

- ☐ Owner
- ☐ Legal Representative of the Owner (must attach Affidavit of owner's permission for this action)
- ☐ Developer (must attach Affidavit of owner's permission for this action)
- ☐ Other, specify (must attach Affidavit of owner's permission for this action)

Property Address: _____ **Tax ID Number:** _____

The following Certificate of Appropriateness is requested for (please provide a brief description of the proposed project, attached additional sheets if necessary): _____

Required materials for all applications:

- Completed application form. Describe clearly and in detail the nature of the proposed project. Attach additional sheets if necessary.
- Photographs of site and existing conditions, as well as any proposed materials.
- Site plan showing property lines, existing and proposed changes

Incomplete applications will not be processed and will not be accepted after the 30-day deadline.

If your project is required to be heard by the commission, you or a representative will need to attend the meeting. If you are signing on behalf of a business (such as an LLC), you must include your title with the company

By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party pursuant to NCGS 66-315(b).

Applicant (printed): _____

Applicant (signed): _____

Date: _____

Owner (printed): _____

Owner (signed): _____

Date: _____