



HISTORIC DISTRICT COMMISSION  
APPLICATION FOR REVIEW

FOR STAFF USE ONLY	
Date submitted:	_____
Application No:	_____
Approved: _____ Denied: _____	
_____ Administrative review	
_____ Commission Review	

1. Property location: \_\_\_\_\_  
 Applicant's name: \_\_\_\_\_  
 Applicant's address: \_\_\_\_\_  
 Applicant's telephone number: \_\_\_\_\_  
 Applicant's email address: \_\_\_\_\_  
 Applicant's FAX number: \_\_\_\_\_  
 Property Tax identification number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. The property is owned by (if different from above) \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. The following Certificate of Appropriateness is requested for: \_\_\_\_\_  
*Please provide a brief description of the project.* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Attach a site plan showing the existing and proposed improvements, necessary setback lines, photographs of current and proposed materials. (Assistance is available to determine setback requirements at the Department of Planning & Development, 300 W. Crowell Street ).

\_\_\_\_\_  
 Applicant- Printed

\_\_\_\_\_  
 Applicant- Signed

\_\_\_\_\_  
 Date Submitted

Please sign and return to the Department of Planning & Development, P.O. Box 69, Monroe, NC 28111-0069; Telephone: (704) 282-4520; Fax (704) 282-4735. Applicants are responsible for providing all required information. 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.

HISTORIC DISTRICT COMMISSION  
FINAL PLAN SUBMISSION CHECKLIST

---

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

DO NOT WRITE BELOW THIS LINE

---

Additional conditions and remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date