



CERTIFICATE OF APPROPRIATENESS

Name of Applicant: _____

Date Filed: _____ Fee Paid: _____ File Number: _____

Map Number: _____ Zoning District: _____

Jurisdiction: City _____ Councilmanic District County _____ Commission District

PROPERTY INFORMATION

ADDRESS: _____
STREET NUMBER AND NAME

GENERAL LOCATION: _____

PARCEL NUMBER(S): _____

SIZE OF TRACT: _____ ACRES SQUARE FEET

PURPOSE OF REQUEST

- BUILDING PERMIT – New Construction
- BUILDING PERMIT – Expansion or Renovation
- BUILDING PERMIT – Grading Plan
- REZONING
- From: _____
- To: _____
- SIGNAGE
- ZONING VARIANCE – (Describe and give reason)

NOTE: Four (4) copies of all plan materials are required to process the application. Please check all that apply:

- DEVELOPMENT PLAN
- BUILDING ELEVATIONS
- FLOOR PLAN
- LANDSCAPE PLAN WITH SCHEDULE
- SIGNAGE PLAN
- OFF-STREET PARKING PLAN
- OTHER:

APPLICATION CORRESPONDENCE – All correspondence relating to this application should be sent to:

PLEASE PRINT

Name: _____ Phone: _____ Fax: _____

Mailing Address: _____

APPLICATION AUTHORIZATION – I hereby certify that I am the authorized applicant, representing ALL property owners involved in this request or holders of option on same, whose signatures are included on the back of this form.

Signature: _____

PLEASE PRINT

Name: _____ Phone: _____ Fax: _____

Mailing Address: _____

APPLICATION ACCEPTANCE – Staff Member who accepted this application:

