



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 email address: _____
Applicant's telephone number: _____
Applicant's FAX number: _____
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 all dimensions of the lot, the existing and proposed improvements, necessary set-back 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.

HISTORIC DISTRICT COMMISSION
FINAL 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 and existing and proposed changes.

DO NOT WRITE BELOW THIS LINE

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Additional conditions and remarks: _____

Authorized Signature

Date