



JEFFERSONVILLE HISTORIC PRESERVATION COMMISSION:

CERTIFICATE OF APPROPRIATENESS APPLICATION

1. Applicant information

- Name of applicant: _____
- Address of applicant: _____
- Applicant's home phone number _____ • Cell phone: _____

2. Owner information

If the owner of the proposed project site is different than the applicant, please fill out the information below:

- Name of property owner: _____
- Address of property owner: _____
- Property owner's home phone number _____ • Cell phone: _____

3. Property information

- Address of where work is to be done: _____
- Present use: _____
- Proposed use: _____

*(** New construction projects require the submittal of plans and specifications)*

4. Project details

Use the checklist below to indicate if you intend to make any of the following changes.

- | | |
|---------------------------------------------------|-----------------------------------------------|
| _____ Addition(s) to an existing building | _____ Removal/demolition of existing building |
| _____ Cornice, overhang and trim portions thereof | _____ Retaining walls |
| _____ Fencing | _____ Roof, guttering and/or downspouts |
| _____ Outbuilding(s) | _____ Siding |
| _____ Outdoor light fixtures | _____ Signs |
| _____ Painting | _____ Walks and/or driveways |
| _____ Porches and/or awnings | _____ Windows and/or doors |



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4. Project details (continued)

Use the space below to provide a detailed written description of the work to be done. (Include any available materials, pictures, drawings, paint samples etc. with your submission.) If you checked yes to any of the items on the previous page, please provide a written description of that work below.

Do you have a contractor?

- Name of contractor: _____
- Address of contractor: _____
- Phone number _____ • Approximate cost of work: _____

Applicant's signature

Date

X _____

**** NOTE: This application must be filed 7 days prior to commission meetings in order for the project application to be considered at that meeting of the commission.**

• • • • OFFICIAL USE ONLY • • • •

Board Chairman approval

Date

X _____