

# HISTORIC PRESERVATION DISTRICT APPLICATION FOR APPROVAL TO PERMIT

APPLICANT: \_\_\_\_\_

CASE NO. \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ LEGAL DESCRIPTION \_\_\_\_\_

OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

### TYPE OF IMPROVEMENT

- |                                                                                                                                  |                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <p>_____ ADDITION</p> <p>_____ RESTORATION</p> <p>_____ REHABILITATION</p> <p>_____ NEW CONSTRUCTION</p> <p>_____ DEMOLITION</p> | <p>_____ SIGN REVIEW</p> <p>_____ NEW OCCUPANCY</p> <p>_____ HISTORIC STRUCTURE</p> <p>_____ SPECIAL USE PERMIT</p> |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

**APPROVALS:** \* Any work which would change the exterior appearance of your building or property, all signage, and any new occupancy located within the Historic Preservation Zoning District must be approved and such approval signed by the Historic Preservation Commission before any permit or business license will be issued.

\*All applications shall have plot plan, any signage or exterior change, must be accompanied with color rendering, and any additional information the Historic Commission find necessary to establish compliance. 10 copies for submittal.

	APPROVED	NOT APPROVED	N/A
1. HEIGHT _____			
2. ROOF TYPE _____			
3. PROJECTIONS / RECESSIONS _____			
4. SURFACE TEXTURES _____			
5. COLOR _____			
6. ARCHITECTURAL DETAILS _____			
7. BUILDING FORM _____			
8. LIGHTING _____			
9. ENCLOSURES _____			
10. UTILITIES _____			
11. SIGNAGE _____			
12. SIDEWALK FURNITURE _____			

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTES:** All demolitions, additions, restorations, and remodels require notifications to ADEQ/OAQ. Notification form must be completely filled out and signed by a certified asbestos inspector. EPA NESHAPS

*THE HISTORIC PRESERVATION COMMITTEE MEETS ON THE SECOND TUESDAY OF EACH MONTH. YOUR APPLICATION MUST BE SUBMITTED BY THE FIRST OF THE MONTH TO BE REVIEWED THAT MONTH, ANY LATER AND IT WILL BE ON THE NEXT MONTH'S AGENDA.*

APPROVAL TO PERMIT: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_