



CERTIFICATE OF ALTERATION APPLICATION

HISTORIC PROPERTY

Name: _____

Address: _____

Historic Use: _____

Current or Proposed Use: _____

Legal Description: _____

PROPERTY OWNER

Name: _____

Address: _____

Telephone: _____

Email Address: _____

OWNER'S AUTHORIZED REPRESENTATIVE

Name: _____

Address: _____

Telephone: _____

Email Address: _____

SUBMITTAL REQUIREMENTS:

- Written Narrative of the Proposed Alteration (*include any relevant historical information about the property and/or structure*)
- Scaled Site Plan
- Scaled Elevation Drawings (*include every side where there are proposed alterations*)
- Current Photographs (*in color and of all sides of the structure(s)*)
- Historical Photographs (*if available*)
- Existing and Proposed Materials (*texture, color and architectural design and detail; including pictures and/or spec sheets if available*)
- Names and Addresses of all Adjacent Property Owners

I certify that I am the owner of the above described property and I hereby give my written consent and approval for the proposed project.

Signature of Property Owner

Date