

HISTORIC DISTRICT COMMISSION REVIEW APPLICATION

Case Number: _____

1. TYPE OF APPLICATION (Check all that apply)

- _____ Rehabilitation
_____ New Construction
_____ Demolition
_____ Sign
_____ Other

2. Applicant/Property Information:

Owner Name/Address/Phone _____

Property Location _____

Contact Person (If different from owner) _____

3. Description of Proposed Work _____

Materials Submitted With Application:

_____ Plans _____ Color/Texture Sample _____ Other Samples

_____ Photos _____ Lettering Samples _____ Other (Special)

Authorized Signature

Date: _____

*****All Applications Must Be Submitted No Later Than The
Friday
Prior To The Next Regularly Scheduled HDC Meeting!!!*****

**(1)
HISTORIC DISTRICT COMMISSION
STAFF REPORT**

Case Number: _____

_____ Application/Attachments Complete
Referred to HDC _____
Date

_____ Application/Attachments Incomplete
Returned to Applicant _____
Date

**HISTORIC DISTRICT COMMISSION
ACTION**

_____ Meeting Date
_____ Approved As Submitted
_____ Approved With Conditions or Other
Requirements
_____ Denied

Remarks: _____

HDC Chairman/Chairman Pro-Tem

Date