



Case No. Historic _____

Date Filed _____

APPLICATION FOR HISTORIC ZONING COMMISSION

To be completed by applicant:

Property Owner			Representative		
Name: _____			Name: _____		
Address: _____			Address: _____		
City	State	Zip	City	State	Zip
Telephone: _____			Telephone: _____		
Email: _____			Email: _____		

Information regarding the property site:

Street Address: _____

Tax Map: _____ Group: _____ Parcel: _____ Lot: _____

Current Zoning/Use: _____ Historic Zone: _____

Request:

By signing below, I confirm and understand the conditions of this application. I have been informed of the date, time, and location of the Historic Zoning Commission meeting. I am/we are the sole and legal owner(s) of the property listed in this application. I am/we are requesting a Certificate of Appropriateness from the Historic Zoning Commission.

Signature of Property Owner

Date

Signed before me on this _____ day of _____, 20 __
a notary public for the State of _____
County of _____.

Notary Signature _____
My Commission Expires _____

