

**APPLICATION
 CERTIFICATE OF APPROPRIATENESS PERMIT
 WELLSTON HISTORIC DISTRICT**



 Property Address

Owner	Address	Daytime Phone
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Applicant (if not owner)	Address	Daytime Phone
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Contractor	Address	Daytime Phone
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Please mark all that apply. Give a detailed written description of those changes in the space provided. Include photographs, material samples, drawings, etc., as necessary to describe the proposed work. Failure to supply adequate documentation could result in delays in processing the application and/or denial of the application.

PROJECT CLASSIFICATION

New Construction Repairs to existing Additions/Alterations
 Signs Demolition

PROJECT CLASSIFICATIONS (check all that apply)

<input type="checkbox"/> Architectural Ornamentation <input type="checkbox"/> Awnings <input type="checkbox"/> Gutters <input type="checkbox"/> Cornice <input type="checkbox"/> Decks <input type="checkbox"/> Doors <input type="checkbox"/> Exterior Lighting <input type="checkbox"/> Window Shutters <input type="checkbox"/> Fencing- Front__ Rear__ Side__ <input type="checkbox"/> Masonry Cleaning/Repointing <input type="checkbox"/> Other (specify): _____ _____ _____	<input type="checkbox"/> Porch <input type="checkbox"/> Roof <input type="checkbox"/> Siding <input type="checkbox"/> Skylights <input type="checkbox"/> Storefronts <input type="checkbox"/> Utilities Structures <input type="checkbox"/> Chimneys <input type="checkbox"/> Windows- type: _____ <input type="checkbox"/> Landscaping <input type="checkbox"/> Painting
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Description of Work to be done (attach additional information if needed): _____

The owner of this building and undersigned do hereby certify that the information and statements given, drawings and specifications are, to the best of their knowledge, true and correct. The owner and undersigned further understand that no work can begin until this application has been reviewed and approved. Any work done that has not been approved will be in violation of City Ordinance No. 3438. I hereby certify that the owner of record authorizes the proposed work and I have been authorized by the owner to make this application.

Signature of Owner Authorized Agent

Date

FOR OFFICE USE ONLY

Received: _____

Approved: _____

Denied: _____ Reason: _____

Notes: _____

Signature

Title

Date