



HISTORIC DISTRICT COMMISSION APPLICATION FOR REVIEW

1. Property location: _____
Applicant's name: _____
Applicant's address: _____

Applicant's telephone number: _____
Applicant's email address: _____
Property Tax identification number: _____ - _____ - _____

2. The property is owned by (*if different from above*) _____
Address: _____ Telephone: _____

3. The following Certificate of Appropriateness is requested for: _____
Please provide a brief description of the project. _____

4. Attach a site plan showing the existing and proposed improvements, necessary setback lines, photographs of current and proposed materials. (Assistance is available to determine setback requirements at the Department of Planning & Development, 300 W. Crowell Street).

Applicant- Printed

Applicant- Signed

Date Submitted

****If you are signing on behalf of a company, please include your title within the company****

Please sign and return to the Department of Planning & Development, P.O. Box 69, Monroe, NC 28111-0069;
Telephone: (704) 282-4520. Applicants are responsible for providing all required information.

Incomplete applications will not be processed and will not be accepted after the 30 day deadline.

If your project is required to be heard by the commission, you or a representative
will need to attend the meeting.

FOR STAFF USE ONLY

Date submitted: _____
Application No: _____
Approved: _____ Denied: _____
_____ Administrative review
_____ Commission Review

HISTORIC DISTRICT COMMISSION
FINAL PLAN SUBMISSION CHECKLIST

Required materials for all applications:

- Completed application form. Describe clearly and in detail the nature of the proposed project. Attach additional sheets if necessary.
- Photographs of site and existing conditions, as well as any proposed materials.
- Site plan showing property lines, existing and proposed changes

DO NOT WRITE BELOW THIS LINE

Additional conditions and remarks: _____

Authorized signature

Date