

CITY OF ALBEMARLE HISTORIC COMMISSION Certificate of Appropriateness Application

Application Number:	Date Received:
Type of Approved Required: Staff Approval	Full Commission
Section I: Application Information	
Property Address:	_ Tax #:
Applicant Name:	Name of Business:
Mailing Address:	Phone Number:
	Email:
Property Owner (If Different):	_
Mailing Address:	Phone Number:
	Email:
Attachments	
If you are proposing to do an addition to an open plan showing all dimensions of the lot and the necessary setback lines. Also, attach pictures proposed to use.	s and/or description of the materials that are being ease attach a print showing the proposed sign on the
Signature of Applicant	Signature of Staff

Date Submitted Date