



# APPLICATION FOR A HISTORIC DISTRICT "CERTIFICATE OF APPROPRIATENESS"

By staff: Application # \_\_\_\_\_ Contributing Yes / No \_\_\_\_\_ Date Submitted: \_\_\_\_\_

(applicant please provide information between the bold lines)

Property Address or Location: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Name & Company (if different): \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

App. Contact Info: Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Type of Property: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Public or other

### **PROPOSED RESTORATION / RENOVATIONS / REPAIRS / RELOCATION / ETC:**

- |   |   |
|---|---|
| _____ Exterior Walls                    | _____ Signage   |
| _____ Exterior Doors                    | _____ Lighting  |
| _____ Windows                           | _____ New Main Building or Addition to Existing Bldg. |
| _____ Porches                           | _____ New Accessory Bldg. (garage, carport, shed)     |
| _____ Awnings or Canopies               | _____ New deck, ramp, patio, etc.                     |
| _____ Fencing                           | _____ Building Demolition or Relocation               |
| _____ Exterior Painting & Color Changes | _____ General Repairs (describe below)                |
| _____ Roofing                           | _____ Other (describe below)                          |

Detailed description of proposed work: (attach other sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The **Historic Resources Board** requires that the following information **MUST** be included with an application prior to the application being accepted by staff: detailed plans, including a site plan and elevation(s); color and material samples; manufacturer's sales literature; photographs; and any other supporting documentation to show that the proposed work is consistent with the adopted "**Historic District Design Standards for Plant City**" and the proposed work will conform to the "**Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings.**"

SIGNATURE OF THE OWNER and/or APPLICANT  
\_\_\_\_\_ initial - I will check with the Building Division to see if a building permit is required for this project.  
\_\_\_\_\_ initial - Any proposed changes to previously approved plans must be reviewed by staff PRIOR to commencing of the work

**ACTION TAKEN:** Date \_\_\_\_\_

by staff \_\_\_\_\_ Approved \_\_\_\_\_ Denied Reason for Denial: \_\_\_\_\_

by HRB \_\_\_\_\_ Approved \_\_\_\_\_ Approved with modifications noted below\* and/or on attached sheets  
\_\_\_\_\_ Denied

\*HRB Condition(s) of Approval: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_