

**City of Suffolk Department of Planning**  
**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**



<b><i>PART 1- OFFICE INFORMATION: To be completed by staff</i></b>			
Application Number:		Date Submitted:	
Project Address:		Project Name:	
Tax Query:	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	Application Fee Paid:	
Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date of Decision:	

<b><i>PART 2- GENERAL INFORMATION: To be completed by applicant</i></b>																	
<p><b><u>Important Notice:</u> Applications must be submitted in hard copy with original signatures. Incomplete applications will not be accepted.</b> A Certificate of Appropriateness is required for exterior alterations to properties within the Historic Overlay District. Applications will be referred to the Historic Landmarks Commission (HLC) for review and action, unless it is determined that an administrative approval can be issued. The HLC shall act on complete applications within sixty (60) days. It is recommended that applicants discuss their application with Planning Division staff and review the Historic District Design Guidelines, which are available online, prior to submittal of their application.</p> <p><b><u>Application Fee:</u> \$36.75 - Administrative; \$157.50 - HLC Action</b>  <b><u>After-the-fact Fee:</u> \$73.50 - Administrative; \$262.50 - HLC Action</b></p> <p>Property Address: _____ Tax Map Number: _____          Account Number: _____ Zoning District: _____</p> <p>Please select the category or categories that best classify the proposed changes:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Painting</td> <td style="width: 25%;">Windows/Doors</td> <td style="width: 25%;">Addition/Accessory bldg</td> <td style="width: 25%;">Demolition</td> </tr> <tr> <td>Siding</td> <td>Fencing/Landscaping</td> <td>New building</td> <td>Relocation</td> </tr> <tr> <td>Roofing</td> <td>Driveway/Parking</td> <td>Change of Use</td> <td>Dumpster/HVAC</td> </tr> <tr> <td>Deck/Porch</td> <td>Signage</td> <td>Lighting</td> <td>Other</td> </tr> </table> <p>I understand that I or my representative agent(s) must be present at the Historic Landmarks Commission meeting, on the date assigned by staff, and that failure to attend may result in the denial of my application. No changes shall be performed to my property before receiving a Certificate of Appropriateness and any other required permits. I further understand that a COA shall expire six (6) months from the issue date. I hereby authorize City of Suffolk staff and/or members of the HLC to enter onto my property during normal business hours for the purpose of investigating my request.</p> <p>Property Owner Signature: _____ Date: _____</p>		Painting	Windows/Doors	Addition/Accessory bldg	Demolition	Siding	Fencing/Landscaping	New building	Relocation	Roofing	Driveway/Parking	Change of Use	Dumpster/HVAC	Deck/Porch	Signage	Lighting	Other
Painting	Windows/Doors	Addition/Accessory bldg	Demolition														
Siding	Fencing/Landscaping	New building	Relocation														
Roofing	Driveway/Parking	Change of Use	Dumpster/HVAC														
Deck/Porch	Signage	Lighting	Other														

**PART 3- REQUIRED INFORMATION FOR APPLICATION: To be completed by applicant**

The applicant must INITIAL next to each item and ATTACH materials in the order that is listed below. If a material is not necessary for your application, as confirmed by staff, you may indicate "NA" for not applicable. Applications that do not clearly communicate the proposed changes may result in delays. City staff will periodically inspect properties for compliance.

1. **Full description of proposed use and alterations** (attach more sheets if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Estimated **construction time**: \_\_\_\_\_

3. A list of **existing materials**, including specifications, color samples, dimensions, etc. \_\_\_\_\_

4. A list of **proposed materials**, including specifications, color samples, dimensions, etc. \_\_\_\_\_

5. If proposing to replace materials, a **condition statement** signed by a licensed general contractor is required that 1) identifies the condition of existing materials, 2) ability to be repaired, 3) need for replacement, 4) proposed corrective measures, and 5) options for replacement. \_\_\_\_\_

6. **Sketch, drawing, and/or color elevations** showing the proposed changes or improvements. \_\_\_\_\_

7. Only if applying for site modifications, a **site plan or plat** of the property showing the location of the existing and proposed building and site improvements (ex: location of signage, shed, fencing, landscaping, etc.). A Site Plan Waiver does not exempt this requirement. \_\_\_\_\_

8. **Color photographs in hard copy**, including photos taken from all public right-of-ways, to show the area of the proposed alterations and close-up images of any materials to be repaired or replaced, i.e. rotten wood. (Google images are not accepted.) \_\_\_\_\_

9. If applicable, **detailed designs** for exterior signage, to include materials, colors, lighting, graphics, lettering size and style, dimensions, physical support and site location. \_\_\_\_\_

10. Are you requesting tax credits/abatements for this project? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Other: \_\_\_\_\_
- \_\_\_\_\_

**PART 4- CONTACT INFORMATION: To be completed by applicant, owners, and other contacts**

This application must be signed by the property owner(s) or must have attached to it written evidence of the owner's consent, which may be in the form of a binding contract of sale or a letter signed by the owner(s) authorizing the applicant to act as his or her agent. Signing this application shall constitute the granting of authority of the City to enter onto the property for the purpose of conducting site analyses.

**1. Applicant Information:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Property Owner(s) Information (Complete if different from applicant):**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Owner Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Owner Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Other Contacts (Such as engineers, surveyors, architects, agents, attorneys, owners, etc.):**

Specify type of contact/relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specify type of contact/relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_