[](http://www.cityofscottsburg.com/)

Historic review board

**SCOTTSBURG CITY HALL | 2 E MCCLAIN AVENUE | SCOTTSBURG, IN | 47170 | 812-722-1157**

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**APPLICATION FOR CERTIFICATE OF APPOPRIATENESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***This application must be received two weeks prior to the regularly scheduled Historic Review Board meeting.***

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of property owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number of owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated expense of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*For new construction, please submit plans and specifications.*

|  |  |
| --- | --- |
| * Addition to existing building | * Fencing |
| * Cornice, overhang, trim | * Retaining wall |
| * Removal or demolition of building/s, or portions thereof | * Painting |
| * Masonry cleaning or tuck pointing | * Siding |
| * Outdoor light fixtures | * Signs |
| * Roof and or guttering and downspouts | * Walks and/or driveways |
| * Porches and/or awnings | * Outbuildings |
| * Windows and/or doors | * Other: |

**PLEASE INDICATE PROPOSED CHANGES AS APPOPRIATE:**

***If you have a contractor, please provide the following:***

Name of contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone of contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF PROPOSED PROJECT:** ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPLICANT’S SIGNATURE**  **DATE**

*Please return completed application to the Scottsburg Advisory Plan Commission office along with $10.00 application fee.*

**FOR OFFICE USE ONLY**

APPLICATION NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEARING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPROVAL BY BOARD**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHAIRMAN APPOVAL DATE**