

Smithville Historic Preservation and Design Standards Advisory Committee (HPDS)

Certificate of Appropriateness (COA)

Received by:	
Date Received:	

Year Built: Owner Name: Owner Name: Owner Mailing Address: Owner Mailing Address: Owner Phone # (The HPDS meets quarterly and as needed throughout	the year.	
APPLICANT INFORMATION: Applicant is: Building Owner Business Owner Contractor Applicant Signature: Please described in an advantage (will require License Agreement) Awnings (will require License Agreement) New Paint Col Please described address Awnings (will require License Agreement) New Paint Col Please described address Awnings (will require License Agreement) New Paint Col Please continue and/or repairs: Start	DATE SUBMITTED: / /	COA REQUEST TO MAKE CHANGE TO:	
Building Owner Business Owner Contractor Applicant Signature: New Paint Color New Paint on Unpainted Brick Applicant Signature: New Paint Color New Paint on Unpainted Brick Applicant Signature: New Paint Color New Paint on Unpainted Brick Applicant Name: New Paint Color New Paint on Unpainted Brick Applicant Name: New Paint Color New Paint On Unpainted Brick Applicant Name: New Paint Color			
Applicant Signature:	• •	☐ Awnings (will require License Agreement)	
PRINT Applicant Name:	-	•	
BUILDING INFORMATION Name of Building: Physical Address: Year Built: Owner Name: Owner Mailing Address: Owner Phone # (Date Approved by Owner: Business Owner Same as Building Owner If Different: Bus. Owner Name: (Please continue information on another sheet if necessary) Bus. Phone # (Dus. Owner Signature: Proposed Paint Color Historic and/or current Photographs Bus. Email: Bus. Owner Signature: Bus. Owner Signature: CONTRACTOR INFORMATION Contractor Name: Contr. Email: Contrector Mare (Contrector Address: Contr. Phone # (Contrector Information: Intended/desired starting and completion dates of alteration and/or repairs: Start: / Complete: // Complete: // Leave describe the scope of work. Include: Materials to be used, how the project will impact the historic structure and cleaning methods. How the project will impact the historic structure and cleaning methods. How the project will impact the historic structure and cleaning methods. How the project will impact the historic structure and cleaning methods. How the project will impact the historic structure and cleaning methods. How the project will impact the historic structure and cleaning methods. How the project will impact the historic structure and cleaning methods. How the project will impact the historic structure and cleaning methods. How the project will be in keepin with the character of the property. Submit sufficient descriptod. How the character of the property. Submit sufficient descriptod. How and the project will be in keepin with the character of the property. Submit sufficient descriptod. How and the project will be in keepin with the character of the property. Submit sufficient descriptod. How and the project will be in keepin with the character of the property. Submit sufficient descriptod. How and the project will be in keepin with the character of the property. Submit sufficient descriptod. How and the project will be in keepin with the character of the property. Submit sufficient descriptod. How and the proj		5	
alteration and/or repairs: Start:	PRINT Applicant Name:		
Name of Building: Please describe the scope of work. Include: Materials to be used, how the project will impact the historic structure and cleaning methods. How the proposed work will be in keepin with the character of the property. Submit sufficient description and supportive documentation so that city staff and HPDS Committee members may understand the project Building Owner Signature: Date Approved by Owner:	BUILDING INFORMATION	•	
Physical Address: Start: Complete:	Name of Building:	alteration and/or repairs:	
Owner Name: Owner Mailing Address: Owner Phone # (Start://Complete://	
Owner Name: Owner Mailing Address: Owner Phone # (Year Built:	Please describe the scope of work. Include: Materials to be	
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BUSINESS INFORMATION Business Name:	Owner Email:	and HPDS Committee members may understand the project.	
BUSINESS INFORMATION Business Name: Business Owner Same as Building Owner If Different: Bus. Owner Name: Proposed Paint Color Historic and/or Current Photographs Materials Specifications Elevations or Other Drawings TO BE COMPLETED BY STAFF Application # Bus. Owner Signature: CONTRACTOR INFORMATION Contractor Name: Contractor Name: Contr. Phone # (Building Owner Signature:		
Business Name: Business Owner Same as Building Owner If Different: Bus. Owner Name: (Please continue information on another sheet if necessary) Bus. Mailing Address: Bus. Phone # (DI Certify that I have been notified about this application: Bus. Owner Signature: CONTRACTOR INFORMATION Contractor Name: Contr. Phone # (Contr. Phone # (Contr. Phone # (Contr. Email: Contractor Information: Business Owner Same as Building Owner Attach supporting documentation, for example: Proposed Paint Color Photographs Buschasion Specifications Elevations or Other Drawings TO BE COMPLETED BY STAFF Application # Bldg. Permit/License Agreement: Proposed Paint Color Proposed Paint Color Proposed Paint Color Photographs Buschastion Specifications Elevations or Other Drawings TO BE COMPLETED BY STAFF Application # Bldg. Permit/License Agreement: Staff Recommendations/Comments to HPDS Staff Recommendations/Comments to HPDS (Please continue information on another sheet if necessary) Phose Recommendations Phose Plantactor Information on another sheet if necessary	Date Approved by Owner://		
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Bldg. Permit/License Agreement: Yes N Bus. Owner Signature: HPDS Meeting Date: / / Staff Recommendations/Comments to HPDS CONTRACTOR INFORMATION Contractor Name: / Contractor Address: / Contr. Phone # () / (Please continue information on another sheet if necessary Contr. Email: / Other Contractor Information:	Bus. Phone # ()		
Bus. Owner Signature:			
CONTRACTOR INFORMATION Contractor Name: Contractor Address: Contr. Phone # () Contr. Email: Other Contractor Information: HPDS Meeting Date: / Staff Recommendations/Comments to HPDS (Please continue information on another sheet if necessary HPDS Recommendation:	☐ I certify that I have been notified about this application:		
CONTRACTOR INFORMATION Contractor Name: Contractor Address: Contr. Phone # () Contr. Email: Other Contractor Information: Staff Recommendations/Comments to HPDS (Please continue information on another sheet if necessary HPDS Recommendation:	Bus. Owner Signature:	Eligible for Administrative Approval:	
Contractor Name: Contractor Address: (Please continue information on another sheet if necessary Contr. Email: Other Contractor Information: HPDS Recommendation:		HPDS Meeting Date://	
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Other Contractor Information:		(Please continue information on another sheet if necessary)	
□ Approval □ Denial □ Not Applicable (Admin. Approva		HPDS Recommendation:	
	Other Contractor Information:	☐ Approval ☐ Denial ☐ Not Applicable (Admin. Approval)	
Recommendation Date: / /		Recommendation Date://	