



Smithville Historic Preservation and Design Standards Advisory Committee (HPDS) Certificate of Appropriateness (COA)

Received by:
Date Received:

The HPDS meets quarterly and as needed throughout the year.

DATE SUBMITTED: ___/___/___

APPLICANT INFORMATION: Applicant is:

- Building Owner Business Owner Contractor

Applicant Signature: _____

PRINT Applicant Name: _____

BUILDING INFORMATION

Name of Building: _____

Physical Address: _____

Year Built: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Phone # (_____) _____

Owner Email: _____

Building Owner Signature: _____

Date Approved by Owner: ___/___/___

BUSINESS INFORMATION

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 # (_____) _____

Bus. Email: _____

- I certify that I have been notified about this application:

Bus. Owner Signature: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Contractor Address: _____

Contr. Phone # (_____) _____

Contr. Email: _____

Other Contractor Information: _____

COA REQUEST TO MAKE CHANGE TO:

- Signage (may also require License Agreement)
Awnings (will require License Agreement)
New Paint Color New Paint on Unpainted Brick
Windows Doors New Building-Mounted Lights
Other:

Intended/desired starting and completion dates of alteration and/or repairs:

Start: ___/___/___ Complete: ___/___/___

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 keeping with the character of the property. Submit sufficient description and supportive documentation so that city staff and HPDS Committee members may understand the project.

[Empty box for scope of work description]

(Please continue on another sheet if necessary)

Attach supporting documentation, for example:

- Proposed Paint Color
Historic and/or Current Photographs
Materials Specifications
Elevations or Other Drawings

TO BE COMPLETED BY STAFF

Application # _____

Bldg. Permit/License Agreement: Yes No

Eligible for Administrative Approval: Yes No

HPDS Meeting Date: ___/___/___

Staff Recommendations/Comments to HPDS

[Empty box for staff recommendations]

(Please continue information on another sheet if necessary)

HPDS Recommendation:

- Approval Denial Not Applicable (Admin. Approval)

Recommendation Date: ___/___/___