

FEE:\$10.00

APPLICATION for CERTIFICATE OF APPROPRIATENESS

New Albany Historic Preservation Commission

www.newalbanypreservation.com

City Preservation Offices located:
Room 329, City-County Building
311 Hauss Square
New Albany, Indiana 47150
Telephone: 1(812)948.5333 (Voice)
Facsimile: 1(812)948.1596

Contract Preservation Services located:
Historic Landmarks Foundation of Indiana
Southern Regional Office
115 West Chestnut Street
Jeffersonville, Indiana 47130
1(812)284-4534

Address or Legal Description of Property Where Work is to be Done

1. Applicant's Name: _____

Applicant's Address: _____

Applicant's Work Phone: _____ Home Phone: _____

Property Owner's Name: _____ Phone: _____

Owner's Address: _____

2. The Present Use of the Property is: _____

3. The Proposed Use of the Property is: _____

4. Material Submitted

New Construction:

- () Site plan indicating existing structures, driveways, major landscaping, and location of proposed new buildings, driveways, and landscaping;
- () Photographs showing a view of the street with the building site and adjacent properties;
- () Elevations of the proposed new building;
- () Any additional supporting documentation necessary for the Historic Preservation Commission to make a decision.

Rehabilitation of an existing building:

- () Photographs indicating existing conditions;
- () Description or samples of materials to be used; and,
- () For a substantial rehabilitation, the applicant must also supply site plans, elevations, floor plans, and additional supporting materials as determined necessary by the Historic Preservation Commission in order to make a determination.

5. Describe the Proposed Work _____

(Use Additional Sheets if Necessary)

6. Contractor: _____ Architect: _____
Phone: _____ Phone: _____

7. Estimated Cost of the Project: \$ _____ Estimated Start Date: _____
Estimated Completion Date: _____

ACKNOWLEDGMENT:

By signing this application for a CERTIFICATE of APPROPRIATENESS, I acknowledge that members of the New Albany Historic Preservation Commission and its staff may visit my property in the five (5) days prior to the scheduled hearing for this docket for the purpose of inspecting the property where the work is to take place, and by signing this application, I consent to such visits. In addition, by signing this application, I acknowledge that my project may require the approval of other city government bodies, including the New Albany City Plan Commission, New Albany Board of Zoning Appeals, New Albany Board of Public Works & Safety, or New Albany Sewer Board, among others, and that I am responsible for ensuring compliance with, and approval of, other city government bodies. Finally, I acknowledge that this project may be required to meet the laws and regulations of state, federal, or other regulatory bodies, and that I am responsible for ensuring compliance with, and approval of, the regulations of those bodies.

Signature of Owner

PRINTED Name of Owner

Signature of Applicant

PRINTED Name of Applicant

Do Not Write Below This Line

Date Received _____	Hearing Date _____
Application Received by _____	
Inventory Number _____	Rating _____
Inventory Description _____	
Previous Dockets/Approvals/Denials _____	
COMMISSION ACTION _____	
COMMENTS _____	

