

HISTORIC PRESERVATION COMMISSION APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Address of Property:	
Historic District/Landmark/ Landmark Site:	
Address:	
Phone:	Alternate Phone:
I hereby authorize the City of Quitman Historic taking photos and documentation.	ic Preservation Commission access to the property for
Applicant Signature:	Date:
City:	State: Zip:
property. This letter must also authorize for the City	Alternate Phone:
Type of Work: (Check all that apply)	☐ Site Change – tree removal, fences,
New Building(s) or New Addition	walks, driveways, parking and signs
Relocation of Structure	
Demolition of Structure: <i>Appropriate doct be included with application.</i>	umentation supporting applicants reasons for demolition must
historical character of the district	are is more appropriate and compatible with the t than the structure proposed for demolition. perty will exist unless the application is threat to public health and safety.

Proposed Starting Date - _____

Briefly describe the proposed project/renovation/alterations: If additional space is needed to outline the proposed work, please attach a more detailed description. Please specify the name of architect or contractor, if any.

Supporting Documentation: This application will be deemed incomplete if supporting documentation is not received within fourteen (14) days prior of the Historic Preservation Commission Meeting at which it will be reviewed. The application will be pulled from the agenda and tabled until said documentation is received.

Photographs (of site, existing condition of work to be done, and earlier historical appearance)
 Plans, Elevations, & Sections (to scale)
 Material/Color Samples or
 Manufacture's Specifications

By signing this application, I hereby acknowledge that the information contained herein or subsequently submitted is true and correct to my knowledge.

Applicant's Signature:	Date:
Owner's Signature:	Date:

Submittal: Return this application along with photos, documentations and application fee of \$25.00 by check payable to the City of Quitman by mail or in person at City Hall.

By Mail: City of Quitman Historic Preservation Commission 101 East Church Street Quitman, Mississippi 39355

Historic Preservation Commission Use Only

Date Received:	QHPC Case Number:
Date of Review:	
Action Taken: The decision of the Historic Pro The application is hereby:	eservation Commission is as follows:
 () APPROVED () APPROVED WITH CONDITIONS () TABLED PENDING ADDITIONAL DA () DISAPPROVED Comments/Conditions: 	

City of Quitman Historic Preservation Commission Coordinator

Date