



DATE FILED: _____*
 HPC MTG DATE: _____

- **IMPORTANT NOTE:** The complete application must be filed with the City of Staunton’s Office of Planning & Inspections no later than the first Tuesday of the month to be heard at that month’s Historic Preservation Commission Meeting. Applications received after the first Tuesday of the month will be heard at the next month’s meeting

**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
 City of Staunton, Virginia**

**Historic Preservation Commission
 116 W. Beverley Street
 Staunton, VA 24401
 Phone: (540) 332-3862 Fax: (540) 332-3807**

Location of property		Historic District	
Business Name		Tax Map No:	
Application Fee \$50 Paid	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Applicant/Property/ Owner Name (PRINT)	Representative Agent(s) Name
Signature	Firm
Mailing Address	Mailing address
City/State/Zip	City/State/Zip
Phone/Fax Number:	Phone/Fax Number:

(Check the appropriate boxes—CHECK ALL THAT APPLY)

<input type="checkbox"/>	Exterior Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Relocation
<input type="checkbox"/>	Wall/Fence	<input type="checkbox"/>	Deck/Porch	<input type="checkbox"/>	Demolition
<input type="checkbox"/>	Driveway/Parking Area	<input type="checkbox"/>	New Structure/Building	<input type="checkbox"/>	Grounds/Landscaping
<input type="checkbox"/>	Signage	<input type="checkbox"/>	Dumpster Screen	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

The above named person(s)/firm has permission to represent me regarding this request for architectural review. I understand that I or my representative agent(s) must be present at the Historic Preservation Commission Meeting on the date listed above to present my proposal and that failure to attend may result in the denial of my proposal by the Commission due to insufficient information. No material change in the appearance of my property, that is viewable from any public street, shall be performed before receiving a Certificate of Appropriateness. I further understand that approval by the Historic Preservation Commission for any modifications to homes, buildings, landscaping, or grounds including fences, driveways, and parking areas shall expire 12 months from the date of approval.

SIGNATURE

DATE

PLEASE READ: Applicants are encouraged to submit complete applications with sufficient information to enable a clear understanding of the proposal by the Historic Preservation Commission members and staff. Incomplete applications that do not clearly communicate the proposed improvements or changes will be denied.

FULL DESCRIPTION OF PROPOSAL: _____

REQUIRED INFORMATION TO BE SUBMITTED WITH APPLICATION:
(Each item submitted is to be INITIALED by the applicant. If you are not submitting any of the requested information, please indicate not applicable and explain in the space provided why it is not necessary for this project)

_____ **Sketch, drawing and/or elevations showing the proposed changes or improvements**

_____ **Site plan or plat of property**

_____ **Photographs showing property, work in question, and the area of the proposed project**

_____ **Other (please list)**

_____ **A list of materials that identifies the type and quality of materials to be used in the proposed project**

_____ **Twelve sets of all information and materials for use by the Historic Preservation Commission members and staff in the review of this request (REQUIRED)**

(Applicants may refer to typical submissions kept at the Planning and Inspections Department of the City of Staunton on the third floor of City Hall located at 116 W. Beverley Street for illustrations of how to present the required information)