



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)

APPLICATION #: _____
DATE RECEIVED: _____
HEARING DATE: _____

Application Requirements

This application must be completed and submitted with an application fee and ALL required attachments.
(Checks payable to the City of Palatka)

___\$50.00 (Administrative level) ___\$360.00 (HPB level) ___\$460.00 (After the fact)

- | | |
|---|--|
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Photos - One (1) color photograph of the main façade of the site and photographs of any areas affected by the proposed project. |
| <input type="checkbox"/> Site Plan with dimensions | <input type="checkbox"/> Material(s) specifications and/or sample(s) |
| <input type="checkbox"/> Letter of Authorization for Agent is required if any person other than the property owner makes the application and acts on behalf of the owner. | <input type="checkbox"/> Color samples. |
| <input type="checkbox"/> Plans – 2 copies for review drawn to scale | <input type="checkbox"/> Demolition – Plans for what will be taking the demolished structure’s place should be submitted. |
| <input type="checkbox"/> Deed | |

Building & Site Information

1. Property Address: _____
2. Parcel Number: _____
3. Historic District: North or South

Property Owner/Applicant Information

Property Owner(s)

Name(s): _____

Mailing Address: _____

Phone Number(s): _____ Email: _____

Applicant Name(s): _____

Agent/Contractor(s)

Name(s): _____

Mailing Address: _____

Phone Number(s): _____ Email: _____

Applicant Name(s): _____

Description of Requested Work

Please indicate the type of work requested:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Windows | <input type="checkbox"/> Doors | <input type="checkbox"/> Roof | <input type="checkbox"/> Wood Repair |
| <input type="checkbox"/> Porch | <input type="checkbox"/> Fence | <input type="checkbox"/> Signage | <input type="checkbox"/> Exterior Painting |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Demolition | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Other: _____ | |
| Present Use of Property: | <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Multi-family Residence | <input type="checkbox"/> Commercial |

Provide a detailed description of the proposed work to be performed: _____

This application submitted by:

Owner 1 (Print Name): _____

Signature of Owner 1: _____ Date: _____

Owner 2 (Print Name): _____

Signature of Owner 2: _____ Date: _____

Print Agent Name: _____

Signature of Agent: _____ Date: _____

To Be Notarized

Name (Print Name): _____

Signature: _____ Date: _____

STATE OF _____ County of _____

Before me this day personally appeared _____ who executed the foregoing application and acknowledged to and before me executed this document for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____ A.D. _____.

(Notary Seal)

Notary Public



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS (COA)

APPLICATION #: _____
DATE RECEIVED: _____
HEARING DATE: _____

My commission expires: _____ State of _____ at Large.
Type of Identification Produced: _____

For Official Use Only

Date Submitted: _____ Received By: _____ Preliminary Review By: _____

Signs Posted By: _____

Required Attachments Reviewed:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Proposed Site Plan
changing) | <input type="checkbox"/> LOA | <input type="checkbox"/> Legal Description | <input type="checkbox"/> Existing Elevations (if |
| <input type="checkbox"/> Product Information
changing) | <input type="checkbox"/> Plans (if addition) | <input type="checkbox"/> Photographs | <input type="checkbox"/> Proposed Elevations (if |