

FEE: \$10.00 Non-Refundable (Make checks payable to City of New Albany)

APPLICATION for CERTIFICATE OF APPROPRIATENESS

New Albany Historic Preservation Commission

www.newalbanypreservation.com

City Planning Offices

New Albany City Hall
142 East Main Street, Suite 200
New Albany, Indiana 47150
TEL: 812-948-5327

Preservation Services Offices

Indiana Landmarks
911 State Street
New Albany, Indiana 47150
TEL: 812-284-4534

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

1. Applicant's Name: _____

Applicant's Address: _____

Applicant's Preferred Phone: _____ Email: _____

Property Owner's Name: _____ Phone: _____

Owner's Mailing Address: _____

2. The Present Use of the Property is: _____

3. The Proposed Use of the Property is: _____

4. Material Submitted – Required

- New Construction or Additions:

() Site plan indicating existing structures, driveways, major landscaping, and location of proposed new construction, driveways, and landscaping;

() Photographs showing a view of the street with the building site and adjacent properties;

() Elevations of proposed new building or addition; and,

() 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 deemed necessary by the Historic Preservation Commission in order to make a determination.

5. Describe the Proposed Work (attach additional sheets if needed):

(Over)

Contractor: _____ Architect/Engineer: _____

Phone: _____ Phone: _____

6. 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. This CERTIFICATE OF APPROPRIATENESS is not an Improvement Location Permit or Building Permit and does not confer development rights until those permits are secured, whenever an Improvement Location or Building permit is required. Denial of any other permit voids this CERTIFICATE OF APPROPRIATENESS.

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: _____

STAFF COMMENTS: _____

Form Approved for Use by the NAHPC – 4-2019