



Office Use Only

COA Number: _____

Application Accepted as Complete: _____

HISTORIC DISTRICT BOARD OF REVIEW DOWNTOWN SAVANNAH HISTORIC DISTRICT

Board Review Checklists for Certificate of Appropriateness Application Rehabilitation and Alterations

Per House Bill 493, detailed checklists of items required to be submitted for each type of project are supplemental to this application. Each item **must be checked off and a page number where the item is located must be noted** and included with the application. The applicant must sign the affidavit, at the end of the application and each required checklist, certifying that all required items are provided. If there are questions regarding items required for your specific project, contact staff for clarification prior to submitting the application.

Applications that do not provide documentation or required materials will be noted as incomplete and may result in delays in the Board or Staff's review of the application and/or denial of the request. Revisions made to the applications after the submittal deadline and prior to the Board hearing may be continued to the following month's hearing. The Board reserves the right to require additional information if it believes that the submission of such information is necessary to understand the nature of the intended activity.

REHABILITATION AND ALTERATIONS.

REQUIRED Pre-Application Conference (Sec. 3.19.4.a. of the zoning ordinance):

Date attended and with which staff member: _____

Provide electronic payment receipt and indicate amount: \$ _____

Provide one (1) electronic copy of the entire submittal packet. (Email to historic@thempc.org with 15MB max)

Page No. _____: Written project description.

Page No. _____: Written description of each Special Exception requested.

Page No. _____: Color photographs of existing conditions from all sides.

Page No. _____: Demolition plans (floor plans and elevations) showing all areas and materials to be removed.

Page No. _____: Floor Plans:

Dimensions.

Labeled interior spaces.

Page No. _____: Roof Plan:

Roof pitches.

Equipment and screening.

Page No. _____: Exterior Elevations:

Adjacent buildings with dimensions.

Dimensioned floor-to-floor heights.

Stoop heights.

Height of parapet walls.

Locations and dimensions of all windows, doors, and other openings.

Porches, balconies, railings heights, and baluster spacing.

Fences, equipment, etc. with dimensions.

Submit Application and Checklist(s) by Email to the Preservation Department at historic@thempc.org.
Questions? Email the Preservation Department at historic@thempc.org or call 912-651-1440.

Roof equipment with screening heights and locations.

Page No. _____: Specifications for each product.

Page No. _____: Physical material and color samples.

Page No. _____: Historic images, plans, etc. for a restoration or reconstruction.

Affidavit Certifying Completeness of Application:

I hereby acknowledge that I understand the requirements listed above for what constitutes a complete application. I have checked off each box and included a page number where the item is located. I confirm that the requirements for a complete application have been met.

Signature: _____ **Date:** _____