



Office Use Only

COA Number: _____

Application Accepted as Complete: _____

HISTORIC DISTRICT BOARD OF REVIEW
DOWNTOWN SAVANNAH HISTORIC DISTRICT
 Application for Certificate of Appropriateness

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.

Note: 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.

Applicant Contact Information:

Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Phone: _____ E-Mail Address _____

Property Contact Information:

Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 Phone: _____ E-Mail Address _____

Official Correspondence: Applicant Owner Other _____ (Check all that apply)

Property Information of Proposed Work: (PIN and Zoning information can be found at www.sagis.org.)

Address: _____
 PIN (Property Identification Number): _____ Zoning: _____

Scope of Work: (Check all that apply.)

STAFF REVIEW:		BOARD REVIEW:	
<input type="checkbox"/> Color Change	<input type="checkbox"/> Brick Repointing	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Illuminated Signs
<input type="checkbox"/> Roof Repair/Replace	<input type="checkbox"/> Shutters	<input type="checkbox"/> Alterations	<input type="checkbox"/> Fences
<input type="checkbox"/> Awnings	<input type="checkbox"/> Windows and/or Doors	<input type="checkbox"/> Additions	<input type="checkbox"/> Demolition
<input type="checkbox"/> Stucco Repair	<input type="checkbox"/> Mechanical Screening	<input type="checkbox"/> New Construction (Part I)	<input type="checkbox"/> Relocation
<input type="checkbox"/> Non-Illuminated Signs		<input type="checkbox"/> New Construction (Part II)	
OTHER:		<input type="checkbox"/> New Construction (Accessory Building, Parts I and II)	
<input type="checkbox"/> Amendment to Previous COA Previous Case File Number:		<input type="checkbox"/> Special Exception(s) Requests	
<input type="checkbox"/> Other (Description): Contact staff for checklist requirements prior to submittal.		<input type="checkbox"/> Variance Recommendation Requests	

2021 Historic District Board of Review Schedule: (Application deadline is 4 weeks before the scheduled meeting date)

Application Deadline (Due by Close of Business: 5pm)*	Meeting Date
<input type="checkbox"/> Thursday, December 10, 2020	Wednesday, January 13, 2021
<input type="checkbox"/> January 14, 2021	February 10
<input type="checkbox"/> February 11	March 10
<input type="checkbox"/> March 18	April 14
<input type="checkbox"/> April 15	May 12
<input type="checkbox"/> May 13	June 9
<input type="checkbox"/> June 17	July 14
<input type="checkbox"/> July 15	August 11
<input type="checkbox"/> August 12	Thursday, September 9**
<input type="checkbox"/> September 16	October 13
<input type="checkbox"/> October 14	November 10
<input type="checkbox"/> Friday, November 12**	December 8
* For petitions that were reviewed at the immediately prior meeting, the deadline is extended one (1) week.	
** Rescheduled due to Rosh Hashanah and Veteran's Day.	

Estimated Cost of the Proposed Work: \$ _____

Filing Fee Schedule: (Fees shall be paid electronically at <https://www.thempc.org/Application#gsc.tab=0>)

Estimated Cost of Scope of Work	Filing Fee
<input type="checkbox"/> \$0-\$5,000	\$25.00
<input type="checkbox"/> \$5,001-\$25,000	\$50.00
<input type="checkbox"/> \$25,001-\$50,000	\$100.00
<input type="checkbox"/> \$50,001-\$100,000	\$150.00
<input type="checkbox"/> \$100,001-\$500,000	\$200.00
<input type="checkbox"/> \$500,001-1,000,000	\$300.00
<input type="checkbox"/> Over \$1,000,000	\$500.00
Other	Filing Fee
<input type="checkbox"/> Variance Recommendation Request	\$0.00
<input type="checkbox"/> Special Exception Request	Single/Two Family Residential: \$120, All Others: \$350
<input type="checkbox"/> Demolition of a contributing building	\$250.00
<input type="checkbox"/> Appeal of Staff Decision	\$200.00
<input type="checkbox"/> Amendment to previous COA	Estimated cost of scope of work for amendment
<input type="checkbox"/> After-the-Fact (Work completed without a COA)	Double the estimated cost of the scope of work

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:** _____

Signature of Legal Owner or Authorized Agent:

I have read and understand all the information enclosed in this application form. I hereby certify that I am the legal owner or authorized agent for the legal owner of the subject property.

Signature: _____ **Date:** _____