

**Office Use Only**

COA Number: _____

Application Accepted as Complete: _____

LOCAL HISTORIC AND CONSERVATION DISTRICTS HISTORIC PRESERVATION COMMISSION

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 Commission's 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 Commission hearing may be continued to the following month's hearing. The Commission 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. **E-mail submissions to historic@thempc.org. Ensure the file size does not exceed 15 MB.** If e-mail is not available, contact the office for alternate arrangements.

Local Historic and Conservation Districts:

<input type="checkbox"/> Victorian Local Historic District	<input type="checkbox"/> Conservation District (Contributing Demolition only):
<input type="checkbox"/> Cuyler-Brownville Local Historic District	<input type="checkbox"/> Ardsley Park-Chatham Crescent
<input type="checkbox"/> Streetcar Local Historic District	<input type="checkbox"/> Ardmore and Chatham Terrace
	<input type="checkbox"/> Parkside
	<input type="checkbox"/> Historic Carver Village / Flatman Village

Applicant Contact Information:

Name (Business & Contact): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

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

* Small New Construction = cumulative footprint less than 4,000 square feet.

**Large New Construction = cumulative footprint 4,000 square feet and greater.

2022 Historic Preservation Commission Schedule:

Application Deadline (Due by Close of Business: 5pm)	Meeting Date (Time: 3pm)
<input type="checkbox"/> Wednesday, January 5, 2022	Wednesday, January 26, 2022
<input type="checkbox"/> February 2	February 23
<input type="checkbox"/> March 2	March 23
<input type="checkbox"/> April 7	April 27
<input type="checkbox"/> May 4	May 25
<input type="checkbox"/> June 1	June 22
<input type="checkbox"/> July 6	July 27
<input type="checkbox"/> August 3	August 24
<input type="checkbox"/> September 7	September 28
<input type="checkbox"/> October 5	October 26
<input type="checkbox"/> November 2	Monday, November 21 *
<input type="checkbox"/> December 7	December 28

* Rescheduled due to holidays.

Estimated Cost of the Proposed Work: \$ _____

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

Estimated Cost of Scope of Work	Filing Fee
<input type="checkbox"/> \$0 - \$2,500	\$25.00
<input type="checkbox"/> \$2,501- \$5,000	\$50.00
<input type="checkbox"/> \$5,001- \$25,000	\$75.00
<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"/> \$1,000,001 - \$5,000,000	\$500.00
<input type="checkbox"/> \$5,000,001 - \$10,000,000	\$1,000.00
<input type="checkbox"/> Over \$10,000,000	\$1,500.00

Questions? Email the Preservation Department at historic@thempc.org or call 912-651-1440.

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	\$500.00
<input type="checkbox"/> Appeal of Staff Decision	\$250.00
<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:** _____