

DEPARTMENT OF PLANNING AND DEVELOPMENT



CITY OF CLINTON
NORTH CAROLINA

Case # _____

CERTIFICATE OF APPROPRIATENESS APPLICATION

A. APPLICANT/OWNER REPRESENTATIVE INFORMATION

1. Applicant:

Address: _____

Telephone number (w) _____ (fax) _____ (e-mail) _____

2. Property Owner: _____

Address: _____

Telephone number (w) _____ (fax) _____ (e-mail) _____

If there are additional property owners, check here and attach their names, addresses and telephone numbers.

3. Will an attorney, engineer, or realtor represent the applicant and/or property owner in this matter?

Representative: _____

Address: _____

Telephone number (w) _____ (fax) _____ (e-mail) _____

B. SUPPORTING INFORMATION

PROJECT CATEGORIES (check all that apply):

- Exterior alteration
- New construction
- Addition
- Demolition

Attach 8 1/2" x 11" sheets with written descriptions and drawings, photographs, and other graphic information necessary to completely describe the project. Use the checklist below to be sure your application is complete. (Use N/A if item is not applicable.)

- Written description.** Describe clearly and in detail the nature of your project. Include exact dimensions for materials to be used (e.g.) width of siding, window trim, etc.)
- Plot Plan** (if applicable). A plot plan showing relationship of buildings, additions, sidewalks, drives, trees, property lines, etc., must be provided if your project includes any addition, demolition, fences/walls, or other landscape work. Show accurate measurements. You may also use a copy of the survey you received when you bought your property. Revise the copy as needed to show existing conditions and your proposed work.
- Description of materials.** (provide samples if appropriate)
- Photographs** of existing conditions.
- Drawings** showing proposed work. Include one set of full size drawings when available. Plan drawings, elevation drawings showing new façade(s), dimensions shown on drawings.

C. PROPERTY IDENTIFICATION, LOCATION AND SITE INFORMATION

1. TAX MAP #: _____ DEED BOOK _____ PAGE _____

A copy of the most recent recorded deed(s) identifying the above noted lots must accompany this application, or the application will be considered incomplete and will be returned.

2. Geographic location & address of site: _____

E. SUPPLEMENTAL INFORMATION

- 1. It is recommended that the applicant consult with the Clinton City Planner prior to submitting drafts of proposed plans. The City Planner is the staff representative to the Clinton Historic Preservation Commission.
- 2. All of the items required by this application must be turned in to the Planning Department at 227 Lisbon Street, FULLY COMPLETED, two weeks prior to the Historic Preservation Commission meeting. Meetings are held the 2nd Monday of each month at 4:00 p.m. in the City Hall Auditorium. Incomplete applications will not be accepted. Applications submitted after the deadline will be held until the next deadline for processing.
- 3. All property owners within 100 feet of the property location will be notified by mail of the request under consideration.

F. SIGNATURES

When the applicant is someone other than the current property owner, the signatures of both the current property owner and the applicant shall be provided unless a power of attorney authorization is in effect. If power of attorney is in effect, a properly executed copy is required to be submitted with this application.

Signature of Property Owner(s)

I/We the undersigned, do hereby certify that all information given above is true, complete and accurate to the best of my/our knowledge, and do hereby request the Clinton City Council to take action as sought by this application.

1)			
	(Owner Print Name)	(Owner Signature)	(Date)

2)			
	(Owner Print Name)	(Owner Signature)	(Date)

3)			
	(Owner Print Name)	(Owner Signature)	(Date)

4)			
	(Applicant Print Name)	(Applicant Signature)	(Date)

CERTIFICATE OF APPROPRIATENESS APPLICATION

5) _____ (Representative Print Name) _____ (Representative Signature) _____ (Date)

Note: If there are additional property owners, applicants or representatives, please attach an additional signature sheet with their names and signatures.

Corporations, Partnerships or other similar entities please include notarized Official Corporate Certification authorizing representative to sign on behalf of the corporation.

OFFICIAL USE ONLY – APPLICANT DO NOT WRITE BELOW THIS LINE.

Received By: _____ (Staff Signature) _____ (Date)