

Avondale Estates Historic Preservation Commission

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Applicant: _____

Address: _____

Telephone: _____ Fax: _____

Project Address: _____

Proposed Project:

New Construction Renovation/Repair Sign Demolition

Description _____

Attachments:

Drawings: Dimensioned Site Plan _____ Dimensioned Floor Plan(s) _____
Material Samples _____ Details _____ Color Samples _____
Street Elevation _____ Side Elevation _____

Photos of Existing Conditions: _____

Written Description: _____

Comments:

Received By: _____
City of Avondale Estates

Submittal Date: _____

**Application will be reviewed by the Avondale Estates Historic Preservation Commission
and approved or denied within 45 calendar days of the submittal date.**