

## CERTIFICATE OF APPROPRIATENESS APPLICATION FORM

**Instructions:** follow the checklist carefully in completing this application. No certifications will be made unless a completed application form has been received. Type or print clearly in black or blue ink. If additional space is needed, use continuation sheets or attach blank sheets. The decision by the Historic District Commission with respect to certification is made on the basis of the description of work to be completed, maps, photographic documentation, architectural plans, drawings, and specifications with this application.

1. Name of Property: \_\_\_\_\_  
Address of property: Street \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of historic district: \_\_\_\_\_  
\_\_\_ National Register Historic District \_\_\_ Local Historic District \_\_\_ Designated Renaissance Kentucky Area

2. Data on building and rehabilitation project:  
Date building constructed: \_\_\_\_\_ Use before rehabilitation: \_\_\_\_\_  
Type of construction: \_\_\_\_\_ Proposed use(s) after rehabilitation: \_\_\_\_\_  
This application cover phase number \_\_\_\_\_ of \_\_\_\_\_ phases  
Project/phase start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

3. Project contact:  
Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

4. Owner:  
I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the \_\_\_\_\_ property described above. I understand that falsification of factual representations in this application is subject to \_\_\_\_\_ criminal sanctions up to \$ 10,000 in fines or imprisonment for up to five years pursuant to 18 U.S.C. 1001.  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

5. Checklist of items:
- \_\_\_ Map showing building location in district
  - \_\_\_ Photographs of existing building exterior
  - \_\_\_ Description of proposed work to be completed, noting existing conditions of materials
  - \_\_\_ Plans and/or sketches for work to be accomplished, noting proposed materials to be used
  - \_\_\_ Specifications of work to be completed ( if requested)
  - \_\_\_ Historical photographs (if requested)
  - \_\_\_ Plans of existing building(s) if extensive work is proposed

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### HISTORIC DISTRICT COMMISSION USE ONLY

- \_\_\_ The Historic District Commission has determined that this project meets the Dawson Springs Historic Preservation District Design Guidelines and therefore grants a Certificate of Appropriateness.
- \_\_\_ The Historic District Commission has determined that this project will meet Dawson Springs Historic Preservation District Design Guidelines and will therefore grant a Certificate of Appropriateness if the following conditions are met
- \_\_\_ The Historic District Commission has determined that this project does not meet the Dawson Springs Historic Preservation District Design Guidelines and therefore is not granted a Certificate of Appropriateness.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairman or Vice-Chairman

**CERTIFICATE OF APPROPRIATENESS APPLICATION FORM  
CONTINUATION/AMENDMENT SHEET**

1. Name of Property: \_\_\_\_\_

Address of property: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Type or print clearly in black ink. Use this sheet to continue sections of the application, or to amend an application already submitted. Photocopy additional sheets as necessary.

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This sheet \_\_\_\_\_ continues Description of Rehabilitation \_\_\_\_\_ amends Description of Rehabilitation

