

**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

**FEE: \$10.00 Non-Refundable (Make checks payable to *City of New Albany*)**

New Albany Historic Preservation Commission

[www.newalbanypreservation.com](http://www.newalbanypreservation.com)

**City Planning Offices**

New Albany City Hall  
142 East Main Street, Suite 200  
New Albany, Indiana 47150  
812-948-5327

**Preservation Services Offices**

Indiana Landmarks  
911 State Street  
New Albany, Indiana 47150  
812-284-4534

Address or Legal Description of Property Where Work is to be Done:

**1. Name of Applicant:** \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

2. The Present Use of the Property is: \_\_\_\_\_

3. The Proposed Use of the Property is: \_\_\_\_\_

4. Material Submitted – Required

**New Construction or Additions:**

\_\_\_\_\_ Site plan indicating existing structures, driveways, major landscaping, and location of proposed new construction, driveways, and landscaping;

\_\_\_\_\_ Photographs showing a view of the street with the building site and adjacent properties;

\_\_\_\_\_ Elevations of proposed new building or addition; and,

\_\_\_\_\_ Any additional supporting documentation necessary for the Historic Preservation Commission to make a decision.

**Rehabilitation of Existing Building:**

\_\_\_\_\_ Photographs indicating existing conditions;

\_\_\_\_\_ Description or samples of materials to be used; and,

\_\_\_\_\_ For substantial rehabilitation, the applicant must also supply site plans, elevations, floor plans, and additional supporting materials as deemed necessary by the Historic Preservation Commission in order to make a determination.

5. Provide a detailed description of the proposed work (attach additional sheets if necessary):

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**Contractor:** \_\_\_\_\_

**Architect/Engineer:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

6. Estimated Cost of the Project: \$ \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**ACKNOWLEDGMENT:**

By signing this application for a CERTIFICATE OF APPROPRIATENESS, I acknowledge that members of the New Albany Historic Preservation Commission and its staff may visit my property in the five (5) days prior to the scheduled hearing for this docket for the purpose of inspecting the property where the work is to take place, and by signing this application, I consent to such visits. This CERTIFICATE OF APPROPRIATENESS is not an Improvement Location Permit or Building Permit and does not confer development rights until those permits are secured, whenever an Improvement Location or Building permit is required. Denial of any other permit voids this CERTIFICATE OF APPROPRIATENESS.

Applicant's **Signature:** \_\_\_\_\_

Applicant's **Printed Name:** \_\_\_\_\_

Owner's **Signature:** \_\_\_\_\_

Owner's **Printed Name:** \_\_\_\_\_

*Form Approved for Use by the NAHPC – 2/2/2022*

All City Forms Are Available in Alternative Formats to Accommodate People with Disabilities – contact  
adacoordinator@cityofnewalbany.com

**STAFF USE ONLY**

**Date Received:** \_\_\_\_\_

**Hearing Date:** \_\_\_\_\_

**Application Received By:** \_\_\_\_\_

**Inventory Number:** \_\_\_\_\_ **Rating:** \_\_\_\_\_

**Inventory Description:** \_\_\_\_\_

**Previous Dockets/Approvals/Denials:**

\_\_\_\_\_

**Commission Action:**

\_\_\_\_\_

**Staff Comments:**

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