

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

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):

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:
