

**CITY OF OBERLIN
HISTORIC PRESERVATION COMMISSION
CERTIFICATE OF APPROPRIATENESS APPLICATION**

APPLICANT INFORMATION:

1. Property Owner(s) Name (s) _____
2. Property Owner Address: _____

3. Property Owner Telephone Number: _____
4. Name of Person Preparing Application: _____
Address: _____

5. Telephone number: _____

LOCATION AND DESCRIPTION OF WORK TO BE DONE:

6. Municipal Street Address of Property: _____
7. Brief description of work to be done: _____

8. Name of person(s), architect, contractor, or legal representation, if any, who will represent this submission before the Commission: _____
9. Address: _____
10. Telephone number: _____

CHECK THE APPROPRIATE REHABILITATION/ACTIVITY:

- | | |
|--|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Masonry Repointing/Cleaning |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Removal/Replacement/Addition: |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Doors |
| <input type="checkbox"/> Removal of Architectural Features | <input type="checkbox"/> Gutters and Downspouts |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Siding | |
| <input type="checkbox"/> Porch and/or Deck | |
| <input type="checkbox"/> Describe above work: _____ | |
| _____ | |
| _____ | |

SUBMITTAL(S) ACCOMPANYING THIS APPLICATION:

- | | |
|---|---|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Material Samples/Manufacturer's Literature |
| <input type="checkbox"/> Foundation Plan(s) | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Elevation(s) | _____ |

PLANS SUBMITTED FOR:

_____ Staff Review _____ Preliminary Review _____ Initial Submission _____ Resubmission

PLEASE NOTE: All submissions must be complete and accurate at the time of application. Someone qualified to discuss the project must be present at the meeting.

AUTHORIZING SIGNATURES:
Signature of Applicant: _____
Signature of Property Owner(s): _____
Date of Application: _____

HISTORIC PRESERVATION COMMISSION HEARING:
Time: _____
Date: _____
Place: _____

HISTORIC PRESERVATION COMMISSION DECISION:
_____ Approved _____ Conditionally Approved _____ Denied
By: _____ Date: _____

Return to: City of Oberlin, Planning Office, 69 S. Main Street, Oberlin, Ohio 44074