



**APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

**APPLICANT**

Name of Applicant: \_\_\_\_\_ PLEASE PRINT Date of Application: \_\_\_\_\_  
(Organization, group or individual)  
Representative authorized to sign contracts on behalf of the organization: \_\_\_\_\_  
Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**LOCATION**

Physical Address of Location: \_\_\_\_\_  
If no address, enter description of the location: \_\_\_\_\_  
Adjacent Properties: \_\_\_\_\_

Have you reviewed the City of Eastland [Historic Preservation Design Guidelines](#)?  No  Yes

**PROPOSED WORK**

On a second page, enter detailed description of proposed work. Where applicable attach sample materials to be used, photographs of existing property and, if available, drawings of proposed changes.

Does this project require a Building Permit from the City?  No  Yes \* If Yes, has a permit been acquired?  No  Yes

Does this project follow recommendations from the [Secretary of Interior Standards](#)?  No  Yes

**SIGNAGE**

Does your proposal include signs or lettering?  No  Yes If yes, complete this section:

Dimensions: \_\_\_\_\_ Colors: \_\_\_\_\_

Materials to be used: \_\_\_\_\_

Method of illumination (if applicable): \_\_\_\_\_

**Attach a scale drawing showing the type of lettering to be used, dimensions and colors.**

Does this sign comply with: City Sign Ordinance?  No  Yes

Historic District Sign Ordinance  No  Yes

**APPLICANT SIGNATURE**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BOARD USE ONLY**

Approved  Denied (If denied list reasons) \_\_\_\_\_

Applicant Notified by: \_\_\_\_\_ Date: \_\_\_\_\_

Chairman Signature

Date

Board Member Signature