CITY OF HOT SPRINGS

HISTORIC DISTRICT COMMISSION

CERTIFICATE OF APPROPRIATENESS APPLICATION

THIS APPLICATION MUST BE APPROVED AND A CERTIFICATE ISSUED BEFORE MAKING ANY EXTERIOR ALTERATIONS TO DESIGNATED HISTORIC PROPERTIES

THE HOT SPRINGS HISTORIC DISTRICT COMMISSION CANNOT COMPLETE A REVIEW OF THIS APPLICATION UNLESS A DETAILED SET OF SKETCH PLANS OR DRAWINGS OF THE PROPOSED IMPROVEMENT WORK IS ATTACHED

PROPERTY LOCATION

STREET ADDRESS:

LEGAL DESCRIPTION:

APPLICANT

OWNER'S NAME & ADDRESS:

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

APPLICANT'S AGENT, ARCHITECT, AND CONTRACTOR

AGENT:

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

ARCHITECT/ENGINEER:

FIRM NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

CONTRACTOR:

FIRM NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

USE OF PROPERTY

EXISTING USE:

PROPOSED USE:

APPLICATION IS HEREBY MADE FOR THE ISSUANCE OF A CERTIFICATE OF APPROPRIATENESS TO:

☐ **RECONSTRUCT** ☐ **ALTER** ☐ **DEMOLISH** ☐ **CONSTRUCT** **THE EXTERIOR BUILDING COMPONENTS OR SURFACES OF THE STRUCTURE LOCATED AT THE ABOVE ADDRESS**

REASONS FOR ALTERATIONS

EXPLANATION OF REASONS FOR MAKING EXTERIOR ALTERATIONS

DESCRIPTION OF ALTERATIONS

DETAILED DESCRIPTION OF EXTERIOR ALTERATIONS TO BE MADE

SIGNATURE

SIGNATURE OF APPLICANT OR AGENT: _____

ALL ABOVE STATEMENTS AND ACCOMPANYING MATERIAL MUST BE COMPLETE AND ACCURATE FOR THIS APPLICATION TO BE CONSIDERED

DO NOT WRITE BELOW THIS LINE

STRUCTURAL DATA

ARCHITECTURAL STYLE: _____

ORIGINAL ARCHITECT AND/OR BUILDER: _____

ARCHITECTURAL RATING: _____

HISTORICAL RATING: _____

YEAR STRUCTURE BUILT: _____

HISTORIC DISTRICT COMMISSION FINDINGS

THE HOT SPRINGS HISTORIC DISTRICT COMMISSION HAS CONDUCTED A FORMAL AND THOROUGH REVIEW OF THIS APPLICATION AND HAS VOTED TO:

☐ APPROVE ☐ APPROVE WITH CONDITIONS (CONDITIONS ATTACHED) ☐ REJECT (REASONS ATTACHED)

THE APPLICANT'S REQUEST TO UNDERTAKE THE ABOVE DESCRIBED IMPROVEMENTS.

SAID ACTION BEING TAKEN AT A COMMISSION MEETING HELD ON _____ 19___.

_____ ATTEST: _____

CHAIRMAN SECRETARY