

Box below for office use only

Date Received:
Case Number:

Office Mailing Address
 LFUCG
 Division of Historic Preservation
 200 East Main Street
 Lexington, KY 40507

Office Location
 LFUCG
 Division of Historic Preservation
 101 East Vine Street, Suite 220
 Phone: 859-258-3265
 FAX: 859-258-3394

<h1>Certificate of Appropriateness Application Form</h1>	
Property Address:	Historic Districts:

Applicant: _____

Owner: _____

Mailing Address: _____

Mailing Address: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

Please check if this is primary contact person _____

Please check if this is primary contact person _____

Description of Proposed Work: _____

Type of Work: (Check all that apply)

- New Construction: Construction of a new building, additions, garages, sheds, etc.
- Renovation work: includes, but is not limited to, all exterior changes to an existing building, windows, doors, roofing, etc.
- Sitework: Adding landscape features (walks, patios, fencing, retaining walls, etc.)
- Signage: Installation of a sign on a building or site.
- Demolition: Removal of any building feature(s) or the razing of any structure (s). For all demolition, the applicant must Comply with Article 13 of the Zoning Ordinance.
- Other: _____.

Owner's Signature: _____ Date: _____

By signing this application, I acknowledge that I have reviewed the proposed scope of work and am Responsible for compliance with any Certificate of Appropriateness or Overlay Permit issued for this project. (Owner's Original signature is required for all applications.)

Applicant's Signature: _____ Date: _____

I hereby certify that the proposed work is accurately described and authorized by the owner of record, and I am acting on behalf on the owner to make this application as the authorized agent.

→ See next page for Certificate of Appropriateness Submission Requirements

Submission Requirements for Certificate of Appropriateness Form

Your application may require certain drawings. Each application is different and, therefore, may have different drawing requirements. These drawings will help the Board of Architectural Review understand your proposal. A staff member in the Historic Preservation office can meet with you to determine which items in the checklist below should be submitted for the Board review.

Once the Staff has determined what should be submitted, the application should be returned to the Historic Preservation Office along with those items by the application deadline. Additional materials may be requested at any point during the Process to insure the Board has adequate information for review. **If materials requested fail to be submitted by the deadline, the application will be excluded from the agenda and will not be placed on the agenda until all requests are satisfied.**

New Construction/Room Additions

- All Elevations
- Floor plans
- Site plans
- Wall Section
- Detailed drawings for items such as cornice and gutter construction, porch railing, window trim, dormers and doors.
- Drawings showing new structure in relation to adjacent structures and/or existing building.

Rehabilitation

- Elevations of any façade when new elements are applied.
- Detail drawings of any new elements.
- Photos of rehabilitation area.

Site Changes

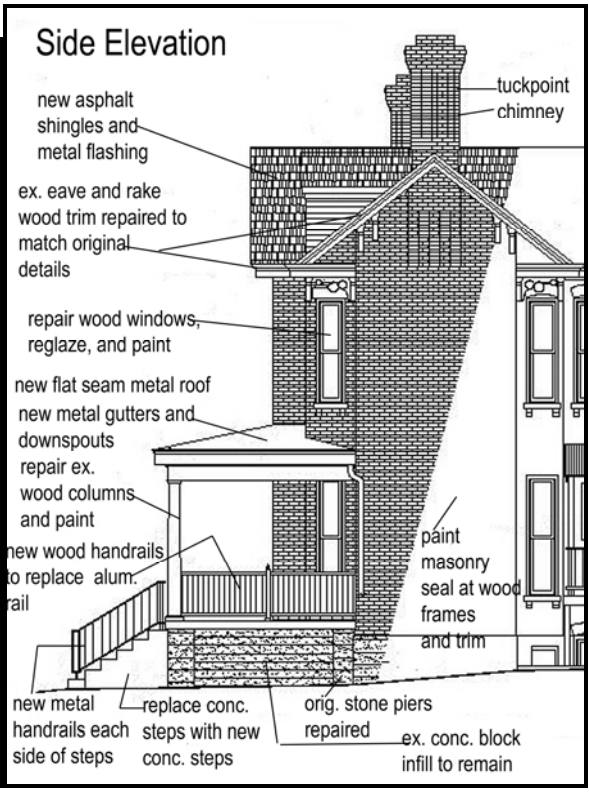
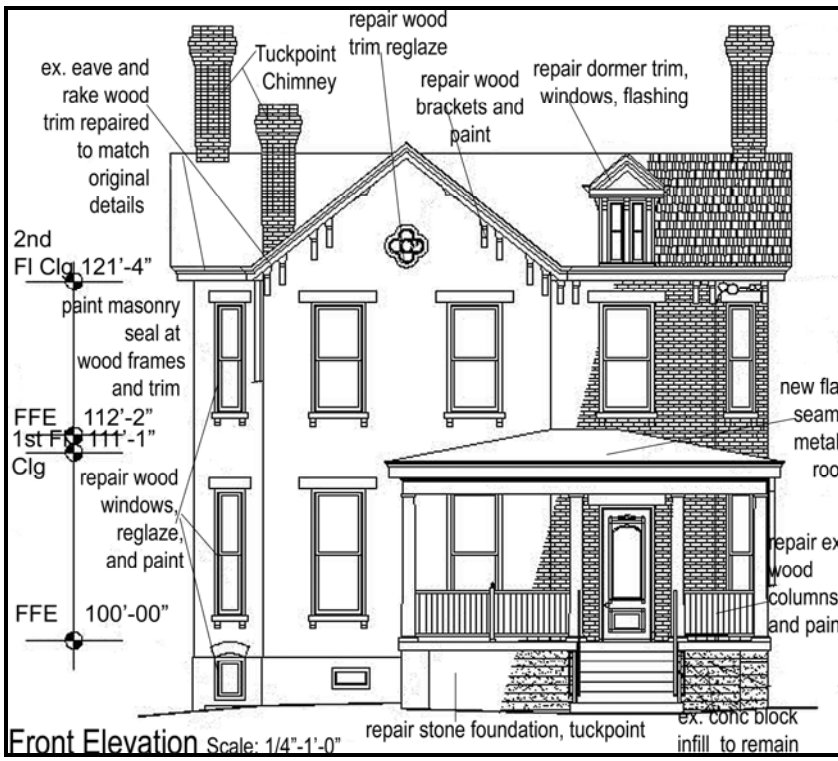
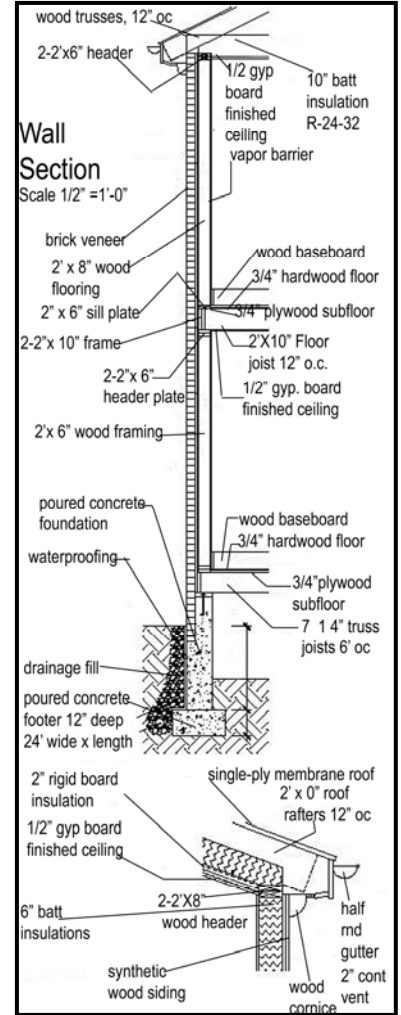
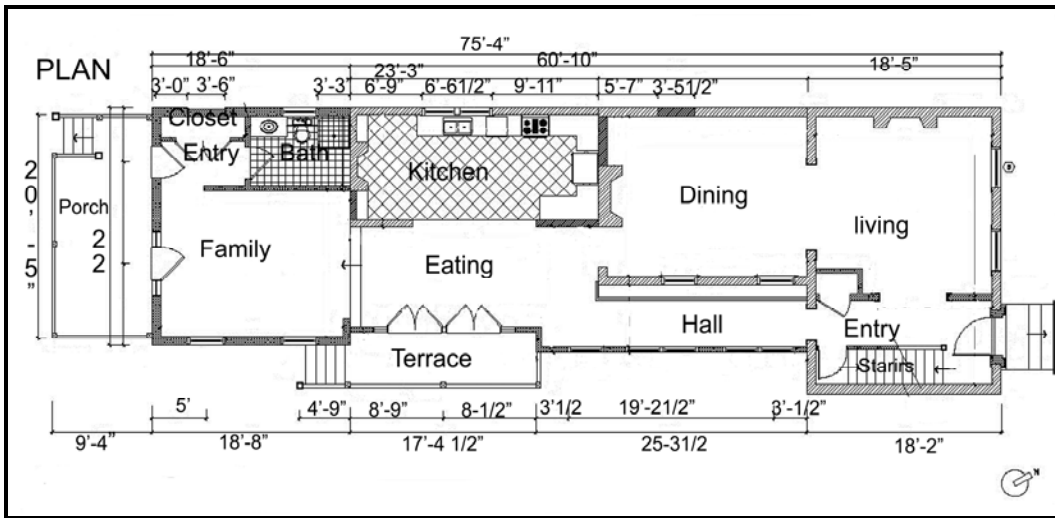
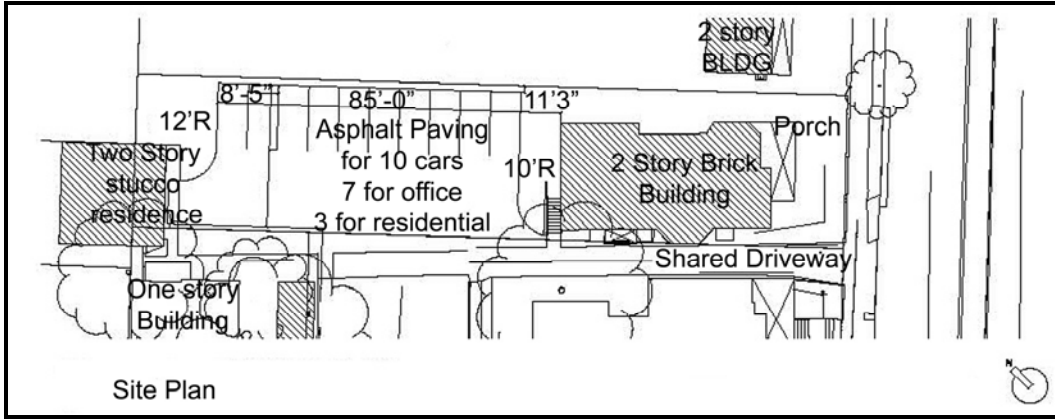
- Site plan showing any changes (fences, pools, landscaping, etc.)
- Dimension and details of any fence or any other such site elements.

Demolition (see also Article 13 of the LFUCG Zoning Ordinance and Guidelines)

- Digital photos
- Compliance with Article 13 of the LFUCG Zoning Ordinance

Notes

Examples of Drawings Required



For Historic Preservation Office Use Only

Case Number: _____ Date _____

Received: _____

Referral

Referral to Board BOAR Meeting Date: _____

Staff Review Staff Review Date: _____

Comments: _____

Staff Recommendation Date: _____

Received _____

Approve Approve with Conditions

Comments: _____

Decisions By:

Board of Architectural Review-Date: _____

Historic Preservation Office Staff-Date _____

Final Action

Approve Approve with Conditions Disapprove

Historic Preservation Office Staff

Date