

BOARD OF ARCHITECTURAL REVIEW - APPLICATION FOR
CERTIFICATE OF APPROPRIATENESS
Application # BOAR _____

The undersigned requests a CERTIFICATE OF APPROPRIATENESS as specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safe guards required by the Board. Granting of a Certificate of Appropriateness does not exempt the applicant from complying with all of the requirements of building, housing, and other regulations. The applicant understands that the administrative official is authorized to review all Certificates of Appropriateness granted by the Board, to inspect the land or structure in order to ascertain compliance with all conditions attached by the Board to the Certificate of Appropriateness. **Please submit two (2) complete sets of the COA application and supplemental information listed in Item #6 below.**

1. NAME OF OWNER _____
MAILING ADDRESS _____
PHONE NUMBER HOME _____ BUSINESS _____

2. NAME OF APPLICANT (if other than the owner) _____
MAILING ADDRESS _____
PHONE NUMBER: HOME _____ BUSINESS _____
LOCATION DESCRIPTION: PROPERTY ADDRESS _____
A. DEED BOOK & PAGE NO. _____ (Attach a legal description)

3. EXISTING USE _____

4. PROPERTY PRESENTLY ZONED AS _____ ORDINANCE NO.: _____

5. DESCRIPTION OF PROPOSED CHANGES:

6. Please submit the following information with the application. Include a list of the items attached.
New Construction - Scaled drawings, site plan, photographs, materials list and sample materials.
Reconstruction/Restoration/Addition/Alteration - Scaled drawings, site plan, photographs (historic if available), materials list.
Demolition - Photographs, current valuation (from a licensed real estate appraiser), demolition cost including removal of debris and finish grading.
Signage - Scaled drawing of sign, location, and photograph of building.
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.

Owner's Signature Date

Applicant's Signature Date

FOR OFFICIAL USE ONLY

DECISION OF BOARD OF ARCHITECTURAL REVIEW: APPROVED _____ DENIED _____

If approved, the following conditions and safeguards were prescribed:

If denied, reason for denial:

*Versailles-Midway-Woodford County
Board of Architectural Review*

DATE

CHAIR OR PLANNING DIRECTOR

DATE RECEIVED _____

DATE REVIEWED _____

DATE OF NOTICE TO NEWSPAPER _____

DATE OF PUBLIC MEETING _____

FEES PAID: \$ _____

(Application for Certificate of Appropriateness)

BUILDING & ZONING INSPECTOR

DATE FILED