



**CITY OF QUINCY
BUILDING AND PLANNING DEPARTMENT**

404 West Jefferson Street

Quincy, Florida 32351

Phone: (850) 627-7681

Fax: (850) 875-7313

***HISTORIC DISTRICT
APPLICATION for CERTIFICATE of APPROPRIATENESS***

PROPERTY OWNER

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

APPLICANT/AGENT (if other than property owner)

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

PROPERTY INFORMATION

HISTORIC NAME (if any): _____

ADDRESS: _____

PARCEL TAX I.D. NUMBER: _____

CURRENT ZONING DISTRICT: _____

CURRENT LAND USE: _____

PROJECT INFORMATION

Type of work proposed(check all appropriate items)

Minor Alteration(s)

Variance

Rehabilitation

Addition

New Construction

Demolition

Emergency Repair(s): The proposed work is of immediate necessity in order to protect the potential loss to historic resources. Additional support materials will be required.

Other: _____

Please provide a brief narrative of the work to be performed including materials to be used(example: re-roofing of existing structure to replace metal roofing with asphalt shingles)

Estimated cost of proposed work: _____

DOCUMENTATION ATTACHED IN SUPPORT OF THIS APPLICATION

- _____ Application form including:
 - A. notarized Designation of Agency (if applicable)
- _____ Photographs (required for all emergency repairs)
- _____ Sample(s) of building materials
- _____ Color chip(s)
- _____ Floor plan (if applicable)
- _____ Site plan (if applicable)

SIGNATURE(S) OF PROPERTY OWNER(S)/APPLICANT(S)

The property owner(s) or his/her agent must initial each of the following statements.

_____ I understand that it is the responsibility of the developer to obtain all permits and to comply with the requirements of all agencies having jurisdiction over the proposed development.

_____ I understand that acceptance of this application is not an approval of the proposed development.

_____ I certify that the information provided this office for the purpose of granting this development proposal is true to the best of my knowledge.

_____ The Department of Building and Planning with consideration of the services it performs are herewith released from any liability for all actions taken in good faith during the review of this application and the accompanying materials.

The undersigned owner(s) and/or applicant(s) certifies under penalties of perjury that all the statements contained in this application, including any statement attached to the application or any papers or plans submitted herewith are true and correct.

Property Owner's Signature _____ Date _____

Property Owner's Signature _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____