



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

HISTORIC PRESERVATION COMMISSION
CITY OF JACKSON

1. Date Submitted: _____

2. Location of Property _____
Street Address

City/State Zip Code Parcel Number

- 3. Historic Designation: (Please check one and write in the official name of the resource)
[] Historic District _____
[] Landmark _____
[] Landmark Site _____

4. Applicant: _____
Name Telephone Number Email

Street Address City/State Zip Code

Applicant Is: Owner Lessee Architect Contractor Other

5. Owner: _____
(If different from applicant) Telephone Number Email

Street Address City/State Zip Code

- 6. Type of Work: (Check all that apply)
[] Exterior Alteration or Repair
[] Fence (MUST SUBMIT SURVEY)
[] New Construction/Addition (MUST SUBMIT SURVEY)
[] Relocation of Structure
[] Other _____
[] Demolition of Structure

__The proposed replacement structure is more appropriate and compatible with the historic character of the district than the structure proposed for demolition.

__No economically viable use of property will exist unless the application is approved.

__The structure poses an imminent threat to public health and safety.

The "Demolition Policy for Jackson Landmarks, Landmark Sites, and Historic Districts," requires that applicants for demos must be accompanied by documentation that supports the applicant's reason(s) for demolition.

7. Description of Proposed Work: If additional space is needed to outline proposed work, please attach a more detailed description. Specify the name of the architect or contractor if any.

8. Supporting Documentation: This application will be deemed incomplete if supporting documentation is not received. Twelve (12) copies of application and the supporting documentation must be submitted along with one original set and 11 copies of photographs of the subject site or structure. Cases will be tabled or will not be reviewed until sufficient documentation is received.

Depending on the type work proposed, supporting documentation should include all or a combination of the following as necessary to thoroughly explain your project. (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Plans, Elevations, & Sections |
| <input type="checkbox"/> Material or Color Samples | <input type="checkbox"/> Site or Plot Plan |
| <input type="checkbox"/> Manufacturer's Specifications | <input type="checkbox"/> Other |

9. Staff Preliminary Review: JHPC staff will review the submitted application and supporting documentation to determine if the application request is complete and make the recommendations. Please contact the JHPC staff for detail information at: 601-960-2006 or bzhao@city.jackson.ms.us

10. Application Fee and Submittal: Return this application to City of Jackson, Historic Preservation, 200 S. President Street, P.O. Box 17, Jackson, MS 39205-0017 with a non-refundable check for \$26.00 made payable to the City of Jackson. Completed applications must be received by 5:00 p.m. on the deadline as outlined in the Certificate of Appropriateness Application Filing Dates schedule.

11. Application is hereby made for the issuance of a Certificate of Appropriateness under Section 70, Article III of the Jackson Code of Ordinance. By signing this application, I hereby acknowledge that the information contained herein or subsequently submitted is true and correct to my knowledge.

Applicant's Signature: _____
Date

Owner's Signature: _____
Date

For Historic Preservation Office Use Only:

| |
|--|
| DATE RECEIVED: CASE NUMBER: HPC DATE: OTHER DOCUMENTS/COMMENTS: |
|--|