

**FRANKLIN HISTORIC DISTRICT COMMISSION
CERTIFICATE OF APPROPRIATENESS (COA) APPLICATION**

PROPERTY ADDRESS _____

If approved, a project must be started within six (6) months of the COA approval. Please note that COA approval does not constitute Building Department approval and that a permit may be required prior to start of the project. Please print or type.

APPLICANT

Name _____

Address (city, state, & zip) _____

Phone _____

Fax _____ Cell Phone _____

E-mail _____

OWNER (If different from applicant)

Name _____

Address (city, state, & zip) _____

Phone _____

Fax _____ Cell Phone _____

E-mail _____

PROPOSED WORK

Check all that apply

Exterior Alteration (Please circle whether installation or replacement)

- Installation/replacement of exterior building materials
- Installation/replacement of windows or doors
- Installation/replacement of porches or railings
- Installation/replacement of awning or canopy
- Installation/replacement of roofing
- Installation/replacement of fencing or walls
- Installation/replacement of lighting
- Construction of an addition
- Construction of walkways, ramps, steps, etc
- Landscaping (planting/removal of trees)
- Signage (installation of new or modification of existing sign)
- Demolition

New Construction

Relocation

Other _____

Description of Proposed Work (attach a separate sheet, if necessary):

DEMOLITION (if applicable)

Provide justification for the proposed demolition in detail. Please attach a copy of the structural engineer's report if demolition pertains to an entire building/structure. Attach a separate description sheet, if necessary.

DOCUMENTATION CHECKLIST IN SUPPORT OF THIS APPLICATION

Check all that apply

- Photographs (required for all applications)
- Drawings or sketches
- Site Plan / Survey
- Building Elevations
- Site Elevations
- Floor Plan
- Samples / Material Specifications
- Separate sheets attached
- Other _____

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

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, submitted herewith are true and correct.

Owner's Signature _____ Date _____

Applicant's Signature _____ Date _____

***Only original signatures will be accepted as part of a completed application.*

FOR HISTORIC DISTRICT COMMISSION USE ONLY	
Application Number _____	
Date of Submission _____	Date Action Taken _____
<input type="checkbox"/> COA Approved	<input type="checkbox"/> COA Tabled
<input type="checkbox"/> COA Approved with stipulations	<input type="checkbox"/> COA Denied
Notes/Stipulations _____	