

CITY OF SHELBYVILLE
HISTORIC ZONING COMMISSION
APPLICATION FOR
CERTIFICATE OF
APPROPRIATENESS

Property Owner Information: Please list all property owners of record (names on the deed).

Owner's Name: -----

Physical Mailing Address: -----

E-mail Address: -----

Phone Number: -----

Owner's Name: -----

Physical Mailing Address: -----

E-mail Address: -----

Phone Number: -----

Property Information

1. Property Address: -----

2. Tax Map and Parcel Number: -----

3. Current Zoning of the Property:-----

4. Current Use of the Property:-----

5. Total Lot Size:-----

6. Is it an Area of Special Flood Hazard? -----

7. What is the Scope of the Proposed Work? -----

-
8. Please include a colored rendering of how the structure will appear if the proposed work is approved
 9. Please attach current pictures of the property showing the damage to be repaired or the location of any proposed additions to the existing structure/structures (if applicable).

Contractor Information:

Name of Contractor: -----

Address of Contractor: -----

Phone Number of Contractor: -----

Contractor's E-mail:-----

Property Owner Signature: ----- **Date:** -----

Property Owner Signature: ----- **Date:** -----

For Office Use Only

Date Application Received: -----

Determination of the Historic Zoning Commission:----- -----
--

Date Notification Letter Sent to the Owner or the Representative: -----
