

**Application for Certificate of Appropriateness (COA)  
City of Palestine, Historic Landmarks Commission**



Property Address: \_\_\_\_\_  
Historic District: \_\_\_\_\_

COA _____ - _____ <i>OFFICE USE ONLY Ver 2015</i>
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**Applicant and or Property Owner Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Required Signatures:**

\_\_\_\_\_  
*Applicant*

\_\_\_\_\_  
*Property Owner (if different from applicant)*

**Description of Work to be done:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information:**

The applicant adversely affected by any denial of the HLC regarding a Certificate of Appropriateness may appeal the decision to the City Council for final determination. All requests shall be filed in writing to the HPO within 10 days of the HLC's decision.

If the COA is approved, a building permit must be obtained within 1 (one) year from the date of approval, otherwise, the COA is null and void and must be reconsidered.

**SUBMISSION/APPROVAL OF CERTIFICATE OF APPROPRIATENESS DOES NOT CONSTITUTE APPROVAL OF A BUILDING PERMIT. BUILDING PERMITS SHALL BE SUBMITTED SEPERATELY. THIS FORM MUST BE PRESENTED AT THE TIME OF A REQUEST FOR A BUILDING PERMIT.**

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**Application Submittal Requirements:**

The following documents are required to be submitted based on the type of work to be done:

- A site plan of the property of the individual property or map indicating the area of proposed work showing all affected building and/or structures on the site.
- Elevations and Architectural drawings of proposed structures or alteration to existing structures.
- Photographs of the existing conditions as well as any historical photographs, if available.
- Samples of the materials to be used.
- Any other information that may be helpful.

**Staff may require addition information if it is deemed necessary to complete the application.**

<b>OFFICE USE ONLY</b>	<b>Application: COA _____ - _____</b>
HLC Action on this request:	
<input type="checkbox"/> Approved as submitted.	
<input type="checkbox"/> Approved with conditions as listed below.	
<input type="checkbox"/> Denied	
Conditions of approval:	

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date